


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90122 015 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 700905**

1. Corporation Name  
**DOWNTOWN LAKE LAND PARTNERSHIP, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>P.O. BOX 3499<br>LAKE LAND FL 33802 | Mailing Address<br>P.O. BOX 3499<br>LAKE LAND FL 33802 |
|--|--|



|   |  |   |  |                               |
|---|--|---|--|-------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 3. Date Incorporated or Qualified<br><b>05/02/1960</b>                          | 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br>Not Applicable |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required  |                               |
|   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees     |                               |

9. Name and Address of Current Registered Agent

**HALLOCK, DAVID D JR.  
 LANE, TROHN, BERTRAND & VREELAND, P.A.  
 ONE LAKE MORTON DRIVE  
 LAKE LAND FL 33801**

10. Name and Address of New Registered Agent

|         |   |    |           |             |
|---------|---|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City   | 85 Zip Code |
|         |   |    | <b>FL</b> |             |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input type="checkbox"/> DELETE            |
| NAME           | HEACOCK, FORD          |  |
| STREET ADDRESS | 222 E. LEMON STREET    |  |
| CITY-ST-ZIP    | LAKE LAND FL 33801     |  |
| TITLE          | V/D                    | <input type="checkbox"/> DELETE            |
| NAME           | BOHANAN, JOHN          |  |
| STREET ADDRESS | 509 S. FLORIDA AVENUE  |  |
| CITY-ST-ZIP    | LAKE LAND FL 33801     |  |
| TITLE          | S/D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | JOHNSON, MARNI         |  |
| STREET ADDRESS | 321 N. KENTUCKY AVENUE |  |
| CITY-ST-ZIP    | LAKE LAND FL 33801     |  |
| TITLE          | T/D                    | <input type="checkbox"/> DELETE            |
| NAME           | RYE, ANN               |  |
| STREET ADDRESS | 221 N. KENTUCKY AVENUE |  |
| CITY-ST-ZIP    | LAKE LAND FL 33801     |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Jameson, Terry   |
| 3.3 STREET ADDRESS | 205 East Orange Street   |
| 3.4 CITY-ST-ZIP    | Lakeland, Florida 33801  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia Ann Rye* **SIGNATURE REQUIRED** Sylvia Ann Rye  
 Treasurer 4/28/99 (941) 683-7978  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)