## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 <del>B-2455</del> **DOCUMENT #** LANE GROVES, INC. Mailing Address Principal Place of Business 120 HYDE PARK PL 120 HYDE PARK PL SUITE 120 SUITE 120 TAMPA FL 33606 TAMPA FL 33606 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 28 23 Country Country

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9. Name and Address of Current Registered Agent

3a. Date of Last Report 3. Date Incorporated or Qualified 03/06/1995 12/29/1980 Applied For 4. FEI Number Not Applicable 59-2056160 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent Name

LANE, JULIAN B. 3001 EUCLID AVENUE **TAMPA FL 33629** 

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	84	City FL	85	Zip Code
e abo	OVE-1	named corporation submits this statement for the purpose of choration's board of directors. I hereby accept the appointment as	anging regis	its registered office tered agent. I am

Street Address (P.O. Box Number is Not Acceptable)

			the this statement for the purpose of changing its registered office
11. Pursuant to	the provisions of Sections 607.0502 and 607.1508, Florida Statutes	, the above-named corp I by the corporation's bo	oration submits this statement for the purpose of changing its registered office pard of directors. I hereby accept the appointment as registered agent. I am
familiar with	, and accept the brigation of, Section 607.0505, Florida Statutes.	Noleto	-2/13/96
SIGNATURE _	ALL LA MAN	Registered Agent signature requ	ired when reinstanny:
	Signifules, typed or printed name of registered ag /n and title if applicable. (NOTE  OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	E DE ETC	1, 1 TITLE	Change Addition
TITLE	SI —	1.2 NAME	
NAME	LANE, WILLIAM L.	13 STREET ADDRESS	
STREET ADDRESS	3001 EUCLID AVE.	14 CITY-ST-ZIP	
CITY-ST-2IP	TAMPA FL	2.1 TITLE	Change Addition
TITLE	_		
NAME	LANE, JULIAN B., JR.	2 2 NAME	
STREET ADDRESS	120 HYDE PARK PL., STE 120	23 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	Change Addition
TITLE	DELETE	3. 1 TITLE	□ + ···••
NAME		3 2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition
TITLE	DELETE	4, 1 TITLE	Change Modition
NAME		4.2 NAME	
		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CI1Y - ST - 2IP	
CITY-ST-ZIP	☐ DELETÉ	5. 1 TITLE	Change Addition
TITLE		5 2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY-ST-ZIP	DELETE	6 1 TITLE	Change Addition
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
PETECT ADDRESS		0.3.21MCC1 MODING 20	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address. 64 CITY - ST - ZIP

SIGNATURE:

NG OFFICER OR DIRECTOR