

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90164 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000100846

1. Corporation Name
LITHIA PROPERTY DEVELOPMENT, INC.

Principal Place of Business 1150 LITHIA RD. BRANDON FL 33511	Mailing Address 1150 LITHIA RD. BRANDON FL 33511
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 115 LITHIA RD	2a. Mailing Address 26 115 LITHIA RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State BRANDON FL	28 City & State BRANDON FL
24 Zip 33511	25 Country U.S.A.
29 Zip 33511	30 Country U.S.A.

3. Date Incorporated or Qualified 12/04/1998
4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

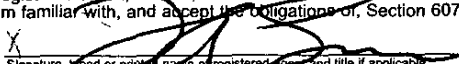
9. Name and Address of Current Registered Agent

HUTTON, MARIANNE
1150 LITHIA RD.
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name TOM SMITH
82 Street Address (P.O. Box Number is Not Acceptable) 1800 W. PHATT ST
83 SUITE 3
84 City TAMPA
85 State FL
Zip Code 33606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE  DATE **4-27-99**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	P/T/S JENNINGS HUTTON
CITY-ST-ZIP		1.3 STREET ADDRESS	115 LITHIA RD
		1.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	D MARIANNE HUTTON
CITY-ST-ZIP		2.3 STREET ADDRESS	115 LITHIA RD
		2.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	V. PETER PRIVITERA
CITY-ST-ZIP		3.3 STREET ADDRESS	447 3RD AVE N. SUITE 203
		3.4 CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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 607, 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:  DATE **4-27-99** DAYTIME PHONE # **813/681-7736**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)