#### 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000036500

Entity Name: LAKESHORE SYSTEM SERVICES OF FLORIDA, INC.

**FILED** May 01, 2018 **Secretary of State** CC6080777919

## **Current Principal Place of Business:**

1847 FLORIDA AVE PANAMA CITY, FL 32405

# **Current Mailing Address:**

9001 LIBERTY PARKWAY BIRMINGHAM, AL 35242 US

FEI Number: 63-1119356 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail :

Title **PRESIDENT** Title SECRETARY COLTHARP, DOUGLAS E. DARBY, PATRICK Name Name

9001 LIBERTY PARKWAY 9001 LIBERTY PARKWAY Address Address

City-State-Zip: BIRMINGHAM AL 35242 BIRMINGHAM AL 35242 City-State-Zip:

Title **TREASURER** Title VΡ

Name FAY, EDMUND M. Name MCCALLUM, ROBERT W. III

Address 9001 LIBERTY PARKWAY Address 9001 LIBERTY PARKWAY BIRMINGHAM AL 35242 City-State-Zip: City-State-Zip: BIRMINGHAM AL 35242

Title DIRECTOR Title **DIRECTOR** 

Name JACOBSMEYER, BARBARA A DARBY, PATRICK Name

Address 9001 LIBERTY PARKWAY 9001 LIBERTY PARKWAY Address BIRMINGHAM AL 35242

Title DIRECTOR

City-State-Zip:

COLTHARP, DOUGLAS E Name 9001 LIBERTY PARKWAY Address BIRMINGHAM AL 35242 City-State-Zip:

City-State-Zip: BIRMINGHAM AL 35242

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT W. MCCALLUM, III

VP

05/01/2018