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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 124923

1. Corporation Name
LAKELAND CASH FEED COMPANY INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**502 LAKE MIRROR DR
 P O BOX 24868
 LAKELAND FL 33802-1868**

Mailing Address
**502 LAKE MIRROR DR
 P O BOX 24868
 LAKELAND FL 33802-1868**

3. Date Incorporated or Qualified
07/18/1931

4. FEI Number
59-0324435

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 [] Suite, Apt. #, etc.

22 [] City & State

23 [] Zip [] Country

24 []

2a. Mailing Address

26 [] Suite, Apt. #, etc.

27 [] City & State

28 [] Zip [] Country

29 [] 30 []

9. Name and Address of Current Registered Agent

**JACKSON, W. L. III
 1396 JEFFERSON DRIVE
 LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name

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

83 []

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME **P JACKSON, W. L. III**

STREET ADDRESS **1396 JEFFERSON DR.**

CITY-ST-ZIP **LAKELAND FL**

TITLE [] DELETE

NAME []

STREET ADDRESS []

CITY-ST-ZIP []

TITLE [] DELETE

NAME []

STREET ADDRESS []

CITY-ST-ZIP []

TITLE [] DELETE

NAME []

STREET ADDRESS []

CITY-ST-ZIP []

TITLE [] DELETE

NAME []

STREET ADDRESS []

CITY-ST-ZIP []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME []

1.3 STREET ADDRESS []

1.4 CITY-ST-ZIP []

2.1 TITLE [] Change [] Addition

2.2 NAME []

2.3 STREET ADDRESS []

2.4 CITY-ST-ZIP []

3.1 TITLE [] Change [] Addition

3.2 NAME []

3.3 STREET ADDRESS []

3.4 CITY-ST-ZIP []

4.1 TITLE [] Change [] Addition

4.2 NAME []

4.3 STREET ADDRESS []

4.4 CITY-ST-ZIP []

5.1 TITLE [] Change [] Addition

5.2 NAME []

5.3 STREET ADDRESS []

5.4 CITY-ST-ZIP []

6.1 TITLE [] Change [] 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 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: William L. Jackson III / **William L. Jackson, III** 2/12/99 941/682-4995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)