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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 142670

1. Corporation Name

LINCOLN PARK HOMES, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90120 015 ***150.00



Principal Place of Business Mailing Address		Mailing Address		{	
ZZIV MCINNI, IIIII BINI		2 213 MERRITT PARK DRIVE			
ORLANDO FL 32803 OR		ORLANDO FL 32903		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	017.02
				,	}
		T		01/15/1944 4. FEI Number	Applied For
	ace of Business	2a. Mailing Address 26 4728 VAN H	Mark No	4. FEI Number	Not Applicable
	3 Van KLEECK DR.		Creece Die	59-0522633	\$8.75 Additional
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22 27					
City & State		City & State 128 New Sumrna Bch. FL		6. Election Campaign Financing	\$5.00 May Be
20				Trust Fund Contribution Added to Fees	
Zip	Country	·		8. This corporation owes the current year in	tangible ☐Yes ☐No
24 32169	P 25 VOIUSIA	1201 D	Volusia	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	104/ 51	10. Name and Address of New Registered	Agent
DANIELO OFORCE D			81 Name		
DANIELS, GEORGE P.				dress (P.O. Box Number is Not Acceptable)	
2213 MERRITT PARK; DRIVE				28 VAN KLEECK DRIVE	
O rlando Fl. 32803			83		
			84 City		85 Zip Code
			New	Symana Bch / Fl	-1 32/69
60 1 607 4500 Thirds Charles the phase period compatition cultimits 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	DIRECTORS 1	3.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	S	☐ DELETE 1.1	TITLE		Change
NAME	DANIELS, MARNE J.	1.2	2 NAME	a U.D	}
STREET ADDRESS	2213 MERRITT PARK DR.	1.5	3 STREET ADDRESS 4	+728 VAN Kheeck Dr	_ j
CITY-ST-ZIP	ORLANDO FL	1/	4 CITY-ST-ZIP	New Symana Beach, FL	32169
TITLE	PTD	☐ DELETE 2.1	1 TITLE		☐ Change ☐ Addition ☐ Addition ☐ Change ☐ Ch
NAME	DANIELS,GEORGE P	2.:	2 NAME		
	2213 MERRITT PARK DR.	2:	STREET ADDRESS	-728 VAN KLeeck Dr	
STREET ADDRESS	ORLANDO FL		4 City-ST-ZIP	Jew Symann Beach, FL	32169
CITY-ST-ZIP	VD		1 TITLE	ACO CYNAMA DENTA	☐ Change ☐ Addition
TITLE	• • •		}		
NAME	TAVARES, GREGORY J.	34	CADELL POSSO	1253 RADCLIFF CIRCLE	-
STREET ADDRESS	RT. 4, BOX R-43		3 STREET ADDRESS	16 of T(37400	
CITY-ST-ZIP	CHIPLEY FL 32428			Chipley, FL 32428	Change Addition
TITLE	VD		1 TITLE	•	☐ 41101.80 ☐ LidentQii
NAME	MILLER, BARBARA G		2 NAME		{
STREET ADDRESS	237 NOB HILL CRCL.	4:	3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4 CITY-ST-ZIP		
TITLE			1 TITLE		☐ Change ☐ Addition
NAME			2 NAME		}
STREET ADDRESS		5.0	3 STREET ADDRESS		}
CITY-ST-ZIP		5.	4 CITY-ST-ZIP		
TITLE		☐ DELETE 6.	1 TITLE		☐ Change ☐ Addition
NAME	·	63	2 NAME		}
STREET ADDRESS		6.	3 STREET ADDRESS]
STREET AUDICESS			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:

407-260-8050