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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 1729

(0)

FILED
Apr 24 1997 8:00am
Secretary of State

LAKE LUCINA DEVELOPMENT CORP Principal Place of Business Mailing Address WILLIAM R CESERY 2647 CESERY BLVD 2647 CESERY BLVD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211								
					 Date Incorporated or Qualified 03/27/1953 		ate of Last I 1/26/1990	,
2. Puncipal F	Page of Business	2a. Mailing Address		····	4. FEI Number			pplied For
21		26			59-0725930		h	lot Applicable
Suite Apr.	#. etc	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional
22		City & State						Required
City & Stal	œ	28			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Cou	untry	8. This corporation has liability for			
24	25	29	30		Florida Statutes	Yes [] No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered	Agent	
	ESERY, WILLIAM R JR			81 Name				
	847 CESERY BLVD			82 Street Add	dress (P.O. Box Number is Not Accept	table)		
J/	ACKSONVILLE FL 32211			83				
				84 City		FL	85 Zip	Code
Entition Vi	and familiar with and accept the obliga	CO CO CO CO CO				her with mile h		
agent fa	Slips at the styled or printed name of registered age			itutes. Id Agent signature req		DATE		
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14. I do 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; the Lam as officer or director of the corporation or the receiver or justee empowers 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 just appears in the corporation of the receiver of the corporation of the receiver of the execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAL CONFICER OF DIRECTOR

4/17/87 904 744 5322

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