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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90035 032 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 248718**

1. Corporation Name  
**LAKE BONNY PROPERTIES INC**



Principal Place of Business

6700 S FLORIDA AVE  
#1  
LAKELAND FL 33813  
US

Mailing Address

P O BOX 7220  
LAKELAND FL 33807  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1961

4. FEI Number

59-0948253

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$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 25

2a. Mailing Address

26 706 South RIDE

27 Suite, Apt. #, etc.

28 TALLAHASSEE FL

29 32303 30 US

9. Name and Address of Current Registered Agent

HORD, E C  
164 BONNY SHORES DRIVE  
STE. #6  
LAKELAND FL 33801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HORD, E C  
STREET ADDRESS 164 BONNY SHORES DRIVE  
CITY-ST-ZIP LAKELAND FL 33801

TITLE STD  
NAME CHILES, RHEA G.  
STREET ADDRESS 607 8TH AVENUE EAST  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VD  
NAME WADSWORTH, SUSAN C  
STREET ADDRESS 706 S RIDE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VD  
NAME ELLSWORTH, S M  
STREET ADDRESS 6700 S FLORIDA AVENUE, STE #1  
CITY-ST-ZIP LAKELAND FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 7193 OX BOW CIRCLE  
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32312

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: Susan C Wadsworth (SUSAN C. WADSWORTH)

2-9-99

850-386-9296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)