

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90083 010 ***158.75

DOCUMENT # 346738

1. Corporation Name
LORRAINE PROPERTIES, INC.

Principal Place of Business

RT. 4 BOX 62
JASPER FL 32052

Mailing Address

RT. 4 BOX 62
JASPER FL 32052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1969

4. FEI Number

59-1285778

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 5335 SE CR 135

Suite, Apt. #, etc.

22 Jasper FL

City & State

23 32052 Hamilton

Zip

Country

2a. Mailing Address

26 5335 SE CR 135

Suite, Apt. #, etc.

27 Jasper FL

City & State

28 32052 Hamilton

Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

CREWS, EARLINE
RT 4 BOX 62
JASPER FL 32052

10. Name and Address of New Registered Agent

81 Name

Earline Crews

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

5335 SE CR 135

83

Jasper FL 32052

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 PD ☐ DELETE
NAME DORMAN, FRED I JR
STREET ADDRESS RT 4 BOX 62
CITY-ST-ZIP JASPER FL

TITLE ST ☐ DELETE
NAME CREWS, EARLINE D
STREET ADDRESS RT 4 BOX 62
CITY-ST-ZIP JASPER, FL 00000

TITLE D ☐ DELETE
NAME MCALLEER, KRISTINA D
STREET ADDRESS 602 E SECOND ST
CITY-ST-ZIP ROCHESTER HILLS MI

TITLE VP ☐ DELETE
NAME DOWNES, VIRGINIA D
STREET ADDRESS 1018 VALLEY FORGE RD
CITY-ST-ZIP FARMVILLE VA

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 PD ☐ Change ☐ Addition
1.2 NAME Dorman, FRED I JR.
1.3 STREET ADDRESS 5335 SE CR 135
1.4 CITY-ST-ZIP Jasper FL 32052

2.1 TITLE ST ☐ Change ☐ Addition
2.2 NAME CREWS, Earline D
2.3 STREET ADDRESS 5335 SE CR 135
2.4 CITY-ST-ZIP Jasper FL 32052

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: Earline D. Crews 3-20-99 904-397-231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #