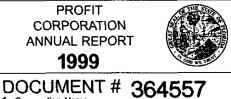
PROFIT CORPORATION ANNUAL REPORT

1999

LAKERIDGE RANCH COMPANY

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90074 044 ***150.00

Mailing Address Principal Place of Business P O BOX 7220 6700 S. FLORIDA AVE. SUITE 1 LAKELAND FL 33807 DO NOT WRITE IN THIS SPACE LAKELAND FL FL 33813 3. Date Incorporated or Qualifed 05/25/1970 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-1292691 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ELLSWORTH, JR., W WILLIAM Street Address (P.O. Box Number is Not Acceptable) 82 6700 S. FLORIDA AVE. STE. #6 LAKELAND FL 33813 84 85 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE **ELLSWORTH JR.W WILLIAM** 1.2 NAME NAME 6700 S. FLORIDA AVE. STE. #6 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL I.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE [] Change 217ITI F TITLE CARNES, GARY W. 2.2 NAME NAME 1600 ISLAND WAY 2.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE ELLSWORTH, SUZANNE M. 3.2 NAME NAME 6700 S. FLORIDA AVENUE #1 3.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ DELETE 51 TIDE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 charged or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF

CR2E034 (11/98)