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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Secretary of State

02-10-1999 90067 024 ***150.00

Katherine Harris

Mailing Address

Secretary of State
DIVISION OF CORPORATIONS

ANNUAL REPORT

DOCUMENT # 398491

Principal Place of Business

SIGNATURE:

LLOYD ACRES, INCORPORATED

THE PARTY OF THE P	1320 THOMASWOOD DRIVE						
20 THOMASWOOD DRIVE	SUITE 133				T WRITE IN THIS	SPACE	
JITE 133 ALLAHASSEE FL 32312	TALLAHASSEE FL 32312			3. Date Incorporated or Qu	alifed		
S	US			03/31/1972			·
	*			4. FEI Number		Applie	d For
	2a. Mailing Address						oplicable
2. Principal Place of Business 2a. Mailing Address 2b. 2c. Mailing Address 2b. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c				59-1395393		\$8.75 Add	itional
	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
Suite, Apt. #, etc.	 - -						
·	27			6. Election Campaign Fina	ancing	\$5.00 Ma	
City & State	City & State			Trust Fund Contribution	\	Added to F	ees
¬	28	Country		8. This corporation owes	the current year In	itangible	
Zip Country	Zip	Country		Porsonal Property Tax.		105 L	No
7	29	30		10. Name and Address o	f New Registered	Agent	
9. Name and Address of Current	Registered Agent	_	Namo	10. 110.110			
5. Hallie dita 715		81	1				
PACE, JOSEPH E. JR.		82	Street Add	ress (P.O. Box Number is Not	Acceptable)		
1320 THOMASWOOD DRIVE		02	O(* * * * * * * * * * * * * * * * * * * *	, * 111
1320 THOMASTOOD DITTE	·	83					34, July 1
TALLAHASSEE FL 32312		"	\			85 Zip Co	de
		84	City		F		i i
11. Pursuant to the provisions of Sections 607.050.	• •		<u> </u>	ting submits this statemen	t for the purpose	of changing its re	egistered
	2 and 607,1508, Florida Statut	es, the abov	e-named con	poration submits this statement ion's board of directors. I here	by accept the app	ointment as regi	stered
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State of the configuration and accept the obligation.	of Florida. Such change was a	uthorized by	y ∟∩e corporau S.	ion o bodio e. anten	•		:
 Pursuant to the provisions of South, in the State office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	tions of, Section 607.0505, Fit	ind Suldie	-				
		- Denietered And	ent signature requir	red when reinstating)-	DATE	LUB DIDECTOR	S IN 12
SIGNATURE Signature, typed or printed name of registered ager	III BIIII Jule II oppiioni	13.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTOR	, Addition
OFFICERS AN	ID DIRECTORS	13.				Change	. L. Addition
19		4.4 7070 17					
12.	☐ DELETE	1.1 TITLE					
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