

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 412124 (0)

1. Corporation Name

LAMARTIN ACRES, INC



Principal Place of Business

905 S W 4TH AVE
OKEECHOBEE FL 34974

Mailing Address

905 S W 4TH AVE
OKEECHOBEE FL 34974

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/03/1972

3a. Date of Last Report

02/17/1995

4. FEI Number

59-1574740

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 has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILSON, BOBBIE L
910 SW 3RD AVE
OKEECHOBEE FL 34974

81. Name

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

83

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of Agent or Director of Corporation

Signature of Registered Agent

Date

12.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TO
LAMARTIN, WILMA
905 SW 4TH AVE
OKEECHOBEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
LAMARTIN, WILLIAM F
821 SOUTH BOULEVARD
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
WILSON, BOBBIE L.
910 S.W. 3RD AVE.
OKEECHOBEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

BOBBIE L. WILSON
Bobbie L. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1996

941-763-4422

Secretary of State

CR2E034 (12/95)