FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 4
1. Corporation Name
LAMARTIN ACRES. INC 412124

(0)

FILED

Apr 27 1998 8:00am

Secretary of State

CANICAL	THE ACILLY INC						
Principal Place of Business 905 & W 4TH AYE OKEECHOBEE FL 34974		Mailing Address 905 S W 4TH AVE OKEECHOBEE FL 34974					
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 11/03/1972	SPACE	
2. Principal P	lace of Business	2a. Mailing Address 26 82 South	Blo	 برجا	4. FEI Number 59-1574740	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 7am/a	28 Tampa, Fl		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	25 Country Zip 29 3 3 6 0 6 - 2 9 0 4 30 Col		Countr 30	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
WILSON, BOBBIE L 81 Name							
910 SW 3RD AVE							
	EBCHOBEE FL 34974		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83	3			
			84	City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
Signature: typed or printed name of registered agenciand title (applicable) (NOTE: Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
12.	TD OFFICE NS AN	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	LAMARTIN, WILMA		1,2 NAME				
STREET ADDRESS	905 SW 4TH AVE		4	T ADDRESS		ĺ	
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-				
TITLE	PO	☐ DELETE	21 TITLE			Change Addition	
NAME	LAMARTIN, WILLIAM F		22 NAME				
STREET ADDRESS	821 SOUTH BOULEVARD		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL	<u>-</u>	2. 4 CITY	ST-ZIP			
TITLE	VSD MAIL CON BORDIC I	☐ DELETE	3.1 TITLE			Change Addition	
NAME	WILSON, BOBBIE L. 910 S.W. 3RD AVE.		3.2 NAME	1			
STREET ADDRESS	OKEECHOBEE FL		•	T ADDRESS			
CITY-ST-ZIP TITLE	ONECOHODEE TE	DELETE	3.4. CITY - 4.1 TITLE	S1-ZIP		Change Addition	
NAME		- Derrie	4. 2 NAME	:		C Autoute C Votation	
STREET ADDRESS				- It address			
CITY-ST-ZIP			4.4 CHY-				
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME	1		6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	settify that the information avantasis	with this films does not avaid.	6.4 CiTY-		Section 110 07(3VI) Florida Statutos 14 others	artify that the information	
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.							