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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **516033** **(8)**

1. Corporation Name
LAKESIDE GROVES, INC.

Principal Place of Business	Mailing Address
180 LANDOVER PLACE LONGWOOD FL 32750	180 LANDOVER PLACE LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1976

2. Principal Place of Business 21	2a. Mailing Address 26 180 LANDOVER PLACE	4. FEI Number: 59-1694898	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #115	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 LONGWOOD FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 32750 / 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALMER, HUGH 1150 LOUISIANA AVE STE 5 WINTER PARK FL 32789	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BASS-GREATWOOD, DIANE	1.2 NAME	
STREET ADDRESS	8521 PINETREE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	2.1 TITLE	P.D ☒ Change ☐ Addition
NAME	PALMER, HUGH M	2.2 NAME	PALMER, MARY J.
STREET ADDRESS	1150 LOUISIANA AVE, STE 5	2.3 STREET ADDRESS	1900 E ADAMS DR
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	MAITLAND FL.
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PALMER, MERRILL J.	3.2 NAME	
STREET ADDRESS	2866 WILL O THE GREEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	PALMER,MARY J.	4.2 NAME	RICHARD N. GREATWOOD
STREET ADDRESS	1900 E. ADAMS DR.	4.3 STREET ADDRESS	641 N. RIO GRANDE AVE
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	ORLANDO FL.
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

MERRILL J. PALMER

SIGNATURE: Merrill J. Palmer 4/27/98

CR2E034 (10/97)