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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90010 001 ***150.00

00736

DOCUMENT # 516033

1. Corporation Name
LAKESIDE GROVES, INC.

Principal Place of Business
~~180 LANDOVER PLACE~~
~~LONGWOOD FL 32750~~

Mailing Address
~~180 LANDOVER PLACE~~
~~#115~~
~~LONGWOOD FL 32750~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/20/1976

2. Principal Place of Business
21 641 N. Rio Grande Av
Suite, Apt. #, etc.
22 Attn. Diane Greatwood
City & State
23 Orlando, Fl.
Zip 24 32805 Country 25 USA

2a. Mailing Address
26 641 N. Rio Grande A
Suite, Apt. #, etc.
27 Attn: Diane Greatwood
City & State
28 Orlando, Fl.
Zip 29 32805 Country 30 USA

4. FEI Number
59-1694898
☐ Applied For
☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax.* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~PALMER, HUGH~~
~~1150 LOUISIANA AVE~~
~~STE 5~~
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent

81 Name DIANE BASS GREATWOOD
82 Street Address (P.O. Box Number is Not Acceptable) 641 N. Rio Grande Ave.
83 Attn. LAKESIDE Groves
84 City Orlando FL 85 Zip Code 32805

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 Diane Bass Greatwood — 3-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	BASS/GREATWOOD, DIANE		1.2 NAME		
STREET ADDRESS	3521 PINETREE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, MARY W.		2.2 NAME		
STREET ADDRESS	1900 E ADAMS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, MERRILL J.		3.2 NAME	Deceased	
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		☐ Change ☐ Addition
NAME	GREATWOOD, RICHARD N.		4.2 NAME		
STREET ADDRESS	641 N RIO GANDE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
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		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Diane Bass Greatwood — 3-12-99 — 407-426-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #