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

**PROFIT CORPORATION** ANNUAL REPORT

1999

LAKE FERNS, INC.

DOCUMENT # 517752

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90172 001 \*\*\*150.00



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Principal Place	e of Business	Mailing Address							.,, .,.,,			
17725 WILLIS V	MC CALL RD	P. O. BOX 480				į						
P.O. BOX 480		UMATILLA FL 32784					DO NOT INDICE IN THIS SOLOT					
UMATILLA FL 3: US	2784	US				<u> </u>	DO NOT WRITE IN THIS SPACE					
05								Date Incorporated or Qualifed			- 1	
L <del> </del>								11/02/1976				
¬ ·	ace of Business	2a. Mailing Address				1	•••	FEI Number	$\vdash$	Applied Fo		
21	<del></del>	26					;	59-1692322		Not Applic		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5.	Certifcate of Status Desired		<b>5</b> Additiona	ai	
22	·	27								e Required		
City & State	9	City & State						Election Campaign Financing		<b>00</b> May Be		
23		28						Trust Fund Contribution	Add	led to Fees		
Zip	Country	Zip	_	Country			8. `	This corporation owes the current year Inta		_		
24	25	29	30				_	Personal Property Tax.	_] Yes			
	9. Name and Address of Current	t Registered Agent					10.	Name and Address of New Registered A	gent			
ALICT	FINE LINESA T			81	Name	•						
AUSTIN, LINDA T					32 Street Address (P.O. Box Number is Not Acceptable)							
17725 WILLIS V MC CALL RD					000	. ,	(	5, 54. (10.1155: 12 / 10.1155) <u>12 / 10.1155</u>			_	
	TILLA, FLORIDA			83								
3278	4			<u>-</u> -					11	7:- 0-1-		
				84.	City			FL	85	Zip Code	1	
11. Pursuant 1	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statu	ites. th	ne above	-name	d corporat	tion	submits this statement for the purpose of c	hangin	g its register	red	
office or re	edistered agent, or noth, in the State of	of Florida. Such change was :	author	izeď by:	the con	poration's	boa	ard of directors. I hereby accept the appoin	tment a	s registered	1	
agent. I ar	n familiar with, and accept the obligati	tions of, Section 607.0505, Fi	orida S	Statutes								
SIGNATURE	Signature, typed or printed name of registered agent	t and little if applicable (NOT	E Danie	tered Agen	t eignature	required whe	on res	instating) DATE			-	
12.	OFFICERS AND			13.	it algitorale	roquired with		DDITIONS/CHANGES TO OFFICERS AND	DIRE	CTORS IN 1	12	
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NAME	AUSTIN, LINDA T.		- 1	1,2 NAME					_	` _	- 1	
Ĭ	17530 WILLIS V. MCCALL ROAL	n	ı		DODEO	.}					ł	
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NAME	GUENTHER, GERARD G JR	_	- 6	2.2 NAME		1					- 1	
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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.

6.4 CITY-ST-ZIP

SIGNATURE: