

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**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90144 008 \*\*\*150.00

DOCUMENT # 572431

1. Corporation Name

LAKE PICKETT PROPERTIES, INC.

Principal Place of Business

110 E. BROADWAY  
P.O. BOX 620789  
OVIEDO FL 32765  
US

Mailing Address

110 E. BROADWAY  
P.O. BOX 620789  
OVIEDO FL 32765  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1978

4. FEI Number

59-1826194

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, CHARLES W  
110 E. BROADWAY  
P.O. BOX 620789  
OVIEDO FL 32765

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 CHARLES W. EVANS

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1-27-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
WHEELER, BENJAMIN F. III  
STREET ADDRESS  
110 E. BROADWAY  
CITY-ST-ZIP  
OVIEDO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
MARTIN, GEORGE  
STREET ADDRESS  
110 E. BROADWAY  
CITY-ST-ZIP  
OVIEDO FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
BRUCE, MIRIAM  
STREET ADDRESS  
110 E. BROADWAY  
CITY-ST-ZIP  
OVIEDO FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
EVANS, JOHN W. JR.  
STREET ADDRESS  
110 E. BROADWAY  
CITY-ST-ZIP  
OVIEDO FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
EVANS, ARTHUR FRANK  
STREET ADDRESS  
110 E BROADWAY  
CITY-ST-ZIP  
OVIEDO, FL 00000

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
EVANS, CHARLES W.  
STREET ADDRESS  
110 E. BROADWAY  
CITY-ST-ZIP  
OVIEDO FL

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES W. EVANS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)