

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 11 1998 8:00am³
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700905

(3)

1. Corporation Name

Downtown Lakeland Partnership, Inc.

Principal Place of Business

P.O. BOX 3499
LAKELAND FL 33802

Mailing Address

P.O. BOX 3499
LAKELAND FL 33802

3. Date Incorporated or Qualified

05/02/1960

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

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

JAMESON, TERRY
205 E ORANGE ST
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
David D. Hallock, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
One Lake Morton Drive

83

84 City
Lakeland,

FL

85 Zip Code
33801

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/3/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
TD
JAMESON, TERRY
STREET ADDRESS
205 E ORANGE ST
CITY-ST-ZIP
LAKELAND FL

TITLE ☐ DELETE

NAME
PD
TUCKER, JANET
STREET ADDRESS
4804 CLEVELAND HEIGHTS BLVD.
CITY-ST-ZIP
LAKELAND FL

TITLE ☐ DELETE

NAME
SD
MATHEWS, MICHAEL P
STREET ADDRESS
3010 SKIPPER PLACE
CITY-ST-ZIP
LAKELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
PD
Ford Heacock
1.3 STREET ADDRESS
222 E. Lemon Street
1.4 CITY-ST-ZIP
Lakeland, FL 33801

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
John Bohanan
2.3 STREET ADDRESS
509 S. Florida Avenue
2.4 CITY-ST-ZIP
Lakeland, FL 33801

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
S/d
Marni Johnson
3.3 STREET ADDRESS
321 N. Kentucky Avenue
3.4 CITY-ST-ZIP
Lakeland, FL 33801

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
T/D
Ann Rye
4.3 STREET ADDRESS
221 N. Kentucky Avenue
4.4 CITY-ST-ZIP
Lakeland, FL 33801

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
600002639135
6.3 STREET ADDRESS
-09/14/98--01146--018
6.4 CITY-ST-ZIP
***\$1.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

president

8/5/98

941-644-6854

CR2E037 (5/98)