FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753227** **(8)**

1. Corporation Name

LAKE JACKSON ESTATES, INC.

Principal Place of Business	Mailing Address
% CELINE MELTON 4881 ANNETTE DRIVE TALLAHASSEE FL 32303	% CELINE MELTON 4881 ANNETTE DRIVE TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1980
3a. Date of Last Report: 06/06/1994
4. FEI Number: 59-2949812 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MELLTON, CELINE
4881 ANNETTE DRIVE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: GUTHRIE, SONJA
82 Street Address (P.O. Box Number is Not Acceptable): 4909 ANNETTE DRIVE
83: TALLAHASSEE
84 City: FL 85 Zip Code: 32303

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: Sonja Guthrie (Signature of new registered agent) (NOTE: Registered Agent signature required when instituting) DATE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PEEK, KAREW PD	☒ Change ☐ Addition
NAME	DUNNING, BILL	12 NAME		
STREET ADDRESS	4916 ANNETTE DRIVE	13 STREET ADDRESS	4917 ANWETTE DRIVE	
CITY ST ZIP	TALLAHASSEE FL 32303	14 CITY ST ZIP	TALLAHASSEE, FL 32303	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	PEEK, KAREN	22 NAME	GRUBER, DARYL	
STREET ADDRESS	4917 ANNETTE DRIVE	23 STREET ADDRESS	4894 ANWETTE DR	
CITY ST ZIP	TALLAHASSEE FL 32303	24 CITY ST ZIP	TALLAHASSEE, FL. 32303	
TITLE	SD	31 TITLE	SD/TD	☒ Change ☐ Addition
NAME	SHULTS, LINDA	32 NAME	GUTHRIE, SONJA	
STREET ADDRESS	4869 ANNETTE DRIVE	33 STREET ADDRESS	4909 ANWETTE DR.	
CITY ST ZIP	TALLAHASSEE FL 32303	34 CITY ST ZIP	TALLAHASSEE, FL. 32303	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	MELTON, CELINE	42 NAME		
STREET ADDRESS	4881 ANNETTE DRIVE	43 STREET ADDRESS		
CITY ST ZIP	[redacted]	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sonja Guthrie — 4/28/95 — 487-7777 x2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027177