

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90073 001 ***775.00

DOCUMENT # F92402

1. Entity Name

ANCHOR PROPERTY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

% GEORGE M LINDSEY III
 520 S FLORIDA AVE
 LAKELAND FL 33801
 US

% GEORGE M LINDSEY III
 520 SO FLORIDA AVENUE
 LAKELAND FL 33801-5229
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2213104

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEORGE M LINDSEY III
 520 SO FLORIDA AVENUE
 LAKELAND FL 33801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P LINDSEY, GEORGE M III**
 STREET ADDRESS **1631 LAGOON PL**
 CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE Change Addition
 NAME **P Lindsey, George M.**
 STREET ADDRESS **510 Tiffany Terrace**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE Delete
 NAME **D SKIPPER, EDWARD M**
 STREET ADDRESS **2901 OLD HOMELAND RD**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PHILLIPS, KENDALL S**
 STREET ADDRESS **1050 FOX HUNT DR**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D Lisa C. Guertin**
 STREET ADDRESS **5155 Brook Loop**
 CITY-ST-ZIP **Lakeland, FL 33811**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa C. Guertin **Lisa C. Guertin** 3/1/00 813-683-6173
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)