

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90030 031 ***158.75

046/930
 AV

DOCUMENT # F92402

1. Entity Name
ANCHOR PROPERTY DEVELOPMENT, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

500 S. Florida Ave

3. Mailing Address

500 S. Florida Ave

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

Lakeland FL

City & State

Lakeland FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2213104

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGE M LINDSEY III
 520 SO FLORIDA AVENUE
 LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name
 Peter A McFarlane PA

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

500 S. Florida Ave.

Suite 715

City
 Lakeland

FL

Zip Code
 33801

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 *Peter A McFarlane PA*
 Signature, typed or printed name of registered agent and title applicable.

Peter A McFarlane PA

4/30/02

(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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	LINDSEY, GEORGE M III	510 TIFFANY TERR	LAKELAND FL 33813	<input checked="" type="checkbox"/>
D	SKIPPER, EDWARD M	2901 OLD HOMELAND RD	BARTOW FL 33830	<input checked="" type="checkbox"/>
D	PHILLIPS, KENDALL S	1050 FOX HUNT DR	WINTER HAVEN FL 33880	<input checked="" type="checkbox"/>
D	GUERTIN, LISA C	5655 BROOK LOOP	LAKELAND FL 33811	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Lawrence W Maxwell	500 S. Florida Ave Suite 700	Lakeland FL 33801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PT	Lawrence T Maxwell	500 S. Florida Ave Suite 700	Lakeland FL 33801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AT	Kim S. Kelley	500 S Florida Ave, Suite 700	Lakeland FL 33801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Bridget Ebdrup	500 S. Florida Ave Suite 700	Lakeland FL 33801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Lawrence W Maxwell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

863-647-1581

Date

Daytime Phone #

CR2E034 (9/01)