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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90114 041 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000001015

1. Corporation Name

LEHIGH ACRES/FUNDING G.P., INC.

Principal Place of Business

Mailing Address

3525 PIEDMONT ROAD. N.E.  
7 PIEDMONT CENTER. STE. 150  
ATLANTA GA 30305

3525 PIEDMONT ROAD. N.E.  
7 PIEDMONT CENTER. STE. 150  
ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1994

4. FEI Number

58-2093558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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. **SAME**  
Suite, Apt. #, etc.

26. **SAME**  
Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

SCHEU, WILLIAM E ESQ.  
200 WEST FORSYTH ST., STE. 1600  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81. Name

**SAME**

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

83. City

84. City

FL

85. Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP  
NAME GIPSON, JOHN H  
STREET ADDRESS 3525 PIEDMONT RD., NE, 7 PIEDMONT CNTR 150  
CITY-ST-ZIP ATLANTA GA 30305

TITLE D  
NAME SEVERINO, SUSAN  
STREET ADDRESS 3405 PIEDMONT RD., NE, 7 PIEDMONT CNTR 450  
CITY-ST-ZIP ATLANTA GA 30305

TITLE AS  
NAME SIEGEL, MARSHALL E  
STREET ADDRESS 3405 PIEDMONT RD., NE, STE. 450  
CITY-ST-ZIP ATLANTA GA 30305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **SAME**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **SAME**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **SAME**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Gipson

4/13/99

404-231-1121

CR2E034 (1/98)