FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800001062

LOCK REALTY CORPORATION VI

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90157 011 ***300.00



											(B B)((B ((B) (BA)
Principal Place of Business Mailing Address								f JANSTAN III A ENIRT FAIST NATER AF	HET MREIT MANEE	#8181 11811 48 5	10 BIII
3206 SUGAR MAPLE BUSINESS COURT 3206 SUGAR MAPLE BUSINESS COURT SO. BEND IN 46628 SO. BEND IN 46628					URT						
00. DEND IN 10020							L	DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed)
								02/24/1998			
2. Principal Pl	ace of Business	2a	Mailing Address.					4. FEI Number		P	Applied For
21		26						31-1408284			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27								5. Certifcate of Status Desired			Additional Required
City & State City & State								6. Election Campaign Financing			May Be
23	0	28	7:-		intry			Trust Fund Contribution			1 to rees
Zip	Country	-	Zip	_	пи у		1	8. This corporation owes the cur	rent year ini	tangible □Yes	□No
24	25	29		30	Г			Personal Property Tax. 10. Name and Address of New	Pagistarad		
	9. Name and Address of Curre	ent Regis	terea Agent		81	Name		O. Name and Address of New	<u>kegistered</u>	VACUIT	
CENT	TERS, WILLIAM L				"	Name					
535 SANCTUARY DRIVE, UNIT 103					82	Street /	Address	dress (P.O. Box Number is Not Acceptable)			
LONG	GBOAT KEY FL 34228				83						
					84	City			FL		Code
office or re	to the provisions of Sections 607.05 agistered agent, or both, in the Stat n familiar with, and accept the oblig	e of Flori	da. Such change was a	authorized	עלו וי	the corpo	corporat oration's	tion submits this statement for the board of directors. I hereby acce	purpose of pt the appo	changing in intment as r	ts registered registered
SIGNATURE											
0.0(4/10/12	Signature, typed or printed name of registered a				Agen	t signature n	required whe	an reinstating)	DATE		5000 111 40
12.	OFFICERS A	ND DIRE		13.				ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	PTSD		☐ DELETE	1,1 ™	ΠE	ļ	ļ			☐ Change	Addition
NAME	CENTERS, WILLIAM L			1.2 N	AME		•				
STREET ADDRESS	3206 SUGAR MAPLE BUSINE	ss col	IRT	1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	SO. BEND IN 46628				TY-S	r-zip	_				
TITLE			☐ DELETE	. 2.1 Π	TLE					Change	B ☐ Addition
NAME				2.2 N	AME	i			-		
STREET ADDRESS		~		2.3 8	TREET	ADDRESS	}				1
CITY-ST-ZIP				2.40	ITY-S	T-ZIP					
TITLE			☐ DELETE	3.1 T	TLE					☐ Change	e 🗌 Addition
NAME				3.2 N	AME	}	1	4			Í
STREET ADDRESS				3.3 8	TREET	T ADDRESS				*	
CITY-ST-ZIP				3.4. 0	iTY-S	T-ZIP					
TITLE			☐ DELETE	4.1 T	TLE					☐ Change	Addition
NAME				4.21	IAME						}
STREET ADDRESS				4.3 S	REET	FADDRESS .					
CITY-ST-ZIP				4.4 C	TY-S	r-ziP	Ì				1
TITLE			☐ DELETE	5.1 T						☐ Change	Addition
NAME				5.2 N	AME	J	Į				[
STREET ADDRESS				5.3 S	TREET	T ADDRESS	1				1
CITY-ST-ZIP				5.4 C	TY-\$	r-ziP					[
TITLE			☐ DELETE	6.1 TI	TLE					☐ Change	Addition
NAME				6.2 N	AME		1				.
STREET ADDRESS				6.3 S	TREET	FADDRESS					`
				_		,					

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 suppliemental 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:

CITY-ST-ZIP