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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90184 045 ***150.00

DOCUMENT # F9800005995 1. Corporation Name

FREEDOM GROUP - LAKE SEMINOLE SQUARE, INC.

Principal Place of Business

Mailing Address

111 WESTWOOD PLACE, STE 402 NASHVILLE TN 37027

111 WESTWOOD PLACE, STE 402 NASHVILLE TN 37027

|--|--|--|--|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/28/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business -APPLIED FOR 59-2783527 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution 28 23 Zip Country Country This corporation owes the current year Intangible Zip 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 E PARK AVENUE** TALLAHASSEE FL 32301 83 85 Zip Code 84 City 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. of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or print ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE Change Addition 1.1 TITLE TITLE 12 NAME NAME SHERIFF, W E 111 WESTWOOD PLACE, STE 402 1.3 STREET ADDRESS STREET ADDRESS **BRENTWOOD TN** 14 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME HEROLD, FRANK L NAME 111 WESTWOOD PLACE, STE 402 2.3 STREET ADORESS STREET ADDRESS BRENTWOOD TN 2. 4 CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE KAESTNER, H T 3.2 NAME NAME 111 WESTWOOD PLACE, STE 402 3.3 STREET ADDRESS STREET ADDRESS BRENTWOOD TN 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE VST TITLE NAME HICKS, GEORGE T 4, 2 NAME STREET ADDRESS 111 WESTWOOD PLACE, STE 402 4.3 STREET ADDRESS **BRENTWOOD TN** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME MONEY, JAMES T NAME 111 WESTWOOD PLACE, STE 402 5.3 STREET ADDRESS STREET ADDRESS

BRENTWOOD TN 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 ayachment with an apricess, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

BRENTWOOD TN

DOWNS, TOM G

111 WESTWOOD PLACE, STE 402

OFFICER OR DIRECTOR

DELETE

Change

☐ Addition

SR2E034