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 # J50715

1. Corporation Name

BOB LANE, INC.

SIGNATURE:

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90020 034 ***150.00



					-	Sit Mintt Statt aines an	
Principal Place of Business Mailing Address							
00 tompkins St Iverness FL 34450 S		400 TOMPKINS ST INVERNESS FL 34450		DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed 12/31/1986		
District Dist	on of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
Principal Place of Business Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			59-2808709	\$8.75 A	t Applicable
					5. Certifcate of Status Desired	Fee Re	
2		City & State		6. Election Campaign Financing	\$5.00		
City & State		28		Trust Fund Contribution Added to Pees		o Fees	
Zin Country		Zip Country			8. This corporation owes the current year	ır Intangible	□No
Zip ¬		29 30	7		Personal Property Tax.	Yes	
1	9. Name and Address of Curr				10. Name and Address of New Registe	rea Agent	
	9. Name and Address street		1	1 Name			
LANE	, Robert C., Jr.		1	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
400 TOMPKINS ST					- 1.48/ 202 41.5 20 21.74 41.5 41.	<u> 6</u>	780 NEW 182
INVERNESS FL 34450		•	1	33	· · · · · · · · · · · · · · · · · · ·		
***	•		\- -	34 City	1 95 WELLS TO A SEC. 12 A 15 A	85 Zip	Code
				-		FL 📉	
11. Pursuant t	o the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obl	te of Florida. Such change was autigations of, Section 607.0505, Florid	norized a Statu	by the corporaties.	poration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as re	gistered
					DA DA	TE	
Signature, typed or printed name or registered agont site at a				gent signature requir	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
12.	OFFICERS	AND DIRECTORS	13.		CONCINE	☐ Change	☐ Addition
TITLE	DP		B.	1			
NAME	LANE, ROBERT C., JR.		1.2 NA				
STREET ADDRESS	400 TOMPKINS ST			REET ADDRESS			
CITY-ST-ZIP	INVERNESS FL	E action	_	Y-ST-ZIP		Change	Addition
TITLE		☐ DELETÉ	2.1 TIT				
NAME			2.2 NA		,		•
STREET ADDRESS				REET ADDRESS	•	-	, =
CITY-ST-ZIP				TY-ST-ZIP		☐ Change	Addition
TITLE	-	☐ DELETE	3.1 T\1				
NAME			3.2 NA	4	·		enigers of the second second
STREET ADDRESS	1 - 2 1 1 N 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1			REET ADDRESS	· · · · · · · · · · · · · · · · · · ·	一块海边影	
CITY-ST-ZIP			_	TY-ST-ZIP		ा र ि Change	e Addition
TITLE		☐ DELETE	4.1 TI				
NAME			4.2N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP		Chang	e
TITLE		☐ DELETE	5.1 Ti	1	Sec. 3. 1. 1. 1.		•
NAME			5.2 N	- 1	State Programme Communication		
STREET ADDRESS				REET ADDRESS	25.55.4 <u>5.65</u>	•	
CITY-ST-ZIP				TY-ST-ZIP	2.30 p. Nas. 2.777	☐ Chang	e Addition
TITLE		☐ DELETE	6.1 T			C Crising	
NAME	1 Sec. 1997		6.2 N	ì			
			6.3 S	TREET ADDRESS		•	
STREET ADDRESS	٥[640	TY-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.