Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90072 050 \*\*\*150.00

## 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 # K07744

WARREN	N LANE'S FOUNDATIONS,	INC.			
Principal Place	e of Business	Mailing Address			<u> </u>
C/O WARREN E. LANE. JR. PO BOX 6711 2960 EWELL ROAD 2960 EWELL ROAD				DO NOT WRITE IN THIS	SPACE
LAKELAND FL 33811 LAKELAND FL 33807 US				3. Date Incorporated or Qualifed	
				01/01/1988	
Principal Place of Business		2a. Mailing Address	<del></del> -	4. FEI Number 59-2865802	Applied For  Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28 Country		Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip	Country 30	This corporation owes the current year into     Personal Property Tax.	angible M∑Yes □No
24	9. Name and Address of Curre		301	10. Name and Address of New Registered	
81 Name					
	E, WARREN E., JR.		82 Street Addr	iress (P.O. Box Number is Not Acceptable)	
2960 EWELL ROAD				1000 (1.0. 2011)	
LAKELAND FL 33811		83			
		84 City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			s the above-named corp	poration submits this statement for the purpose of	changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was au	ithorized by the corporation	ion's board of directors. I hereby accept the appoir	ntment as registered
	m ramiliai willi, and accept the congr	ations of deciloti our loads, rish	da Olaidies.		
	Signature, typed or printed name of registered age	<u> </u>	Registered Agent signature require		D DIDECTORS IN 12
12.		ND DIRECTORS  ☐ DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	PD Lane, Warren E., Jr.	□ vctc1F	1.3 IIILE 1.2 NAME		,
NAME STREET ADDRESS	2960 EWELL ROAD		1.3 STREET ADDRESS	• • •	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE	_	☐ Change ☐ Addition
NAME	LANE, LINDA M.		2.2 NAME	•	
STREET ADDRESS	2960 EWELL ROAD		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	LAKELAND FL.		2.4 CITY-ST-ZIP		Character D Addition
TITLE		☐ DELETÉ	3.1 TITLE	•	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
TITLE NAME		_ DEEE10	4.1 IIILE 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 ΠπLE	·	Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZiP	, <u></u>		5.4 CITY-ST-ZIP		
ππε		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	,	
CTOCKT ADDDECC	i		6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP