

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

PROFIT CORPORATION ANNUAL REPORT 2001



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

FILED

01 APR 24 PM 3:25

DOCUMENT # K09340

1. Corporation Name
LONE SENECA GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 701 ALHAMBRA DRIVE WEST BRADENTON FL 34209
Mailing Address: 701 ALHAMBRA DRIVE WEST BRADENTON FL 34209 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1988
4. FEI Number: 65-0024513
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$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: 1259 NORTHBROOK PL. Lady Lake, FL 32159 USA
2a. Mailing Address: 1259 NORTHBROOK PL. Lady Lake, FL 32159 USA

9. Name and Address of Current Registered Agent: G.H. ZITZELBERGER, 1259 NORTHBROOK PL., LADY LAKE, FL 32159
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--------------------------------------|-----------------------------------|---|---|
| TITLE: PD | NAME: TRESNER, RUTH Z | 1.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 16901 DEVONSHIRE CT. | CITY-ST-ZIP: BROWNS TOWN MI 48183 | 1.2 NAME: | 800004274378-3 |
| TITLE: VPD | NAME: ZITZELBERGER, GAIL M | 1.3 STREET ADDRESS: | -05/21/01--01154--006 |
| STREET ADDRESS: 1522 VERNON DR. | CITY-ST-ZIP: TRENTON MI 48163 | 1.4 CITY-ST-ZIP: | ****150.00 ****150.00 |
| TITLE: DST | NAME: ZITZELBERGER, EVELYN A | 2.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 1522 VERNON DR. | CITY-ST-ZIP: TRENTON, MI 48163 | 2.2 NAME: | |
| TITLE: | NAME: | 2.3 STREET ADDRESS: | |
| STREET ADDRESS: | NAME: | 2.4 CITY-ST-ZIP: | |
| CITY-ST-ZIP: | NAME: | 3.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE: | NAME: | 3.2 NAME: | |
| STREET ADDRESS: | NAME: | 3.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | NAME: | 3.4 CITY-ST-ZIP: | |
| TITLE: | NAME: | 4.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: | NAME: | 4.2 NAME: | |
| CITY-ST-ZIP: | NAME: | 4.3 STREET ADDRESS: | |
| TITLE: | NAME: | 4.4 CITY-ST-ZIP: | |
| STREET ADDRESS: | NAME: | 5.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| CITY-ST-ZIP: | NAME: | 5.2 NAME: | |
| TITLE: | NAME: | 5.3 STREET ADDRESS: | |
| STREET ADDRESS: | NAME: | 5.4 CITY-ST-ZIP: | |
| CITY-ST-ZIP: | NAME: | 6.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE: | NAME: | 6.2 NAME: | |
| STREET ADDRESS: | NAME: | 6.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | NAME: | 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: GAIL M. ZITZELBERGER, VICE PRES. DATE: 04/20/01 PHONE: 352.362.4709