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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90025 045 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K44107

1. Corporation Name

Principal Place of Business

LAKEVIEW AUTO SALES OF WEEKI WACHEE, INC.

15011 US HWY 19 HUDSON FL 34667		15011 US HWY 19 HUDSON FL 34667			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 11/08/1988	
2. Principa Place of Business 2a. Mailing Addre			ess		4. FEI Number App ied For	
21		26			59-29 16784 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22					Fee Required	
City & S:ate	e	City & State			6. Election Campaign Financing 55.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29 30	<u> </u>		Personal Property Tax. Yes No	
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New Registered Agent	
	TED SUADON K		81	Name		
WALTER, SHARON K 9052 DUPONT AVE			82	Street	Acdress (P.O. Box Number is Not Acceptable)	
SPBI	INGHILL FL 34608		83			
					85 Zip Code	
			84	City	FL 85 Zip Code	
agent. I a	m familiar with, and a cept the enlig	ations of, Section 607,0505, Find.	a Statutes	one		
	Signature, typed or printed na ne of registered ago			nt signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	DP OFFICERS AI	NI) DIRECTORS	13. 1.1 TITLE	-	ADDITIONS/CHANGES TO OFFICERS THE BIRCE TO IN 12	
TITLE	WALTED BIOLIADD I					
NAME	WALTER, HICHARD L	HAMPSLIRE ADE	1.2 NAME	TADDRESS		
STREET ADDRESS	SPRING HILL FL	34606	1.3 STREE			
CITY-ST-ZIP	ST ST	₩ DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP	☐ Change ☐ Addition	
TITLE	WALTER, SHARON K	Deterit.	2.1 IIICE			
NAME	4287 BAYPHOGE CT		4	T ADDRESS		
STREET ADDRESS	SPRINGHILL FL					
CITY-ST-ZIP	SPANIGHILL PL	DELETE	2.4 CITY-5 3.1 TITLE	51-ZIP	Change Addition	
TITLE			3.2 NAME			
NAME				TADDRESS		
STREET ADDRESS			3.4 CITY-5			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	J. 2.	☐ Change ☐ Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME.			5.2 NAME			
STREET ADDRESS			53STREE	TADDRESS		
CITY-ST-ZIP			5 4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0'(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 change i, or on an allocument with an address, with all other like empowered. SIGNATURE:

64 CITY-ST-ZIP