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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(6)

DOCUMENT # LAKE JACKSON 76, INC.

**FILED** Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					t (Detects in inite since and attention as an	Billin dibit Atali Sigit gibit idal	
5670 N. MONROE ST. TALLAHASSEE PL 32303		1010 MIMOSA DR. Tallahassee FL 32312-3014		DO NOT WRITE IN TH	HS SDACE		
US		US			3. Date Incorporated or Qualified	IIO OF ACL	
					05/24/1988		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2866964	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State	<u> </u>		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Coun	itry	8. This corporation owes or has paid the	current year Intangible  Yes  No	
24	9. Name and Address of Curre	29]	30		Personal Property Tax due June 30.  10. Name and Address of New Register		
<u> </u>	ARRELL, E W	int Hogistorea Agent		B1 Name		ou rigoni	
1010 MIMOSA DR							
	LLAHASSEE FL 32312		Ĺ	Street	Street Address (P.O. Box Number is Not Acceptable)		
			L	84 City		85 Zip Code	
			Λ	'		<b>"L</b>   <sup></sup>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 attri, and accept the obligations of, Specify 607.0505, Florida Statutes.							
SIGNATURE COUNTOANULY 3-31.98							
12.	Signature, typed or printed name of registered ep	Pent and liftle if applicable (NO ND DIRECTORS	13.	Agent signaturi	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	· · · · · · · · · · · · · · · · · · ·			VP	★ Change	
NAME	CARRELL, E. W.		1.2 NAN	Aξ	Winterle, Charles J.	-	
STREET ADDRESS	1010 MIMOSA DR.		1.3 STR	EE1 ADDRESS	609 Plantation Road		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CIT	Y - ST - ZIP	Tallahassee, FL		
TITLE	TS	<b>☆</b> DELETE	DELETE 2.1 TITLE		TS	Change X Addition	
NAME	WINTERLE, CHARLES J.		2.2 NAN	ME	McGregor, Dorothy A.		
STREET ADDRESS	609 PLANTATION ROAD		2.3 STR	ee1 address	3102 Ortega Dr		
CITY-ST-ZIP	TALLAHASSEE FL			Y - ST - ZIP	Tallahassee, FL		
TITLE	DELETE		3.1 TITL			Change Addition	
NAME			3.2 NA			·	
STREET ADDRESS	ESS			EET ADDRESS			
CITY-ST-ZIP TITLE				Y-ST-ZIP		Change Addition	
NAME			4.1 T(T) 4. 2 NA			one-igo roundon	
STREET ADDRESS				EE1 ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	5.1 TITL			Change Addition	
NAME		<del>-</del>	5.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	6.1 7(1)			Change Addition	
NAME			6.2 NAM	<b>ME</b>			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
	antifu that the information cumplied a	with this filing does not qualify:	or the ever	online state	ed in Section 119 07(3)(i) Florida Statutes I furthe	r cortify that the information	

I mereoy 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 informatio indicated on this annual report or suppliemental 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 shanged, or on an attachment with an address.