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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

1. Corporation Name

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TREET ADDRESS

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TY-ST-ZIP

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LAKE JACKSON 76, INC.

Principal Place of Business Mailing Address									I 140 (00 to 1 to 1 to 10 to 0 to 10 to 0 to 10					
5670 N. MONROE ST. 1010 MIMOSA DR. TALLAHASSEE FL 32303 TALLAHASSEE FL 323 US					014				DO NOT WE	RITE IN THIS	SPACE			
30									3. Date Incorporated or Qualifed					
									05/24/1988					
2. Principal Place of Business				2a. Mailing Address				$\neg \neg$	4. FEI Number			Appl	ied For	
1				26					59-2866964			Not.	Applicable	
Suite. Apt. #. etc.				Suite, Apt. #, etc.							\$8.7	'5 Ad	ditional	
2				7					5. Certifcate of Status Desired		Fee	e Req	uired	
City & State				City & State					6. Election Campaign Financing		\$5.	<u>00</u> №	lav Be	
3				8					Trust Fund Contribution	' -		led to		
Žip		Country		Zip Cou				8. This corporation owes the curr			angible			
4	25 29 30				.]				Personal Property Tax.		Yes		∐No	
9. Name and Address of Current Registered Agent									10. Name and Address of New	Registered	Agent			
CARRELL, E W 1010 MIMOSA DR TALLAHASSEE FL 32312 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, or section 607.0505, Florida Statutes, or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, or registered agent.						ove-	City	cornora	s (P.O. Box Number is Not Accept ation submits this statement for the s board of directors. I hereby acc	FL e purpose of	changin	Zip Co g its re is regi	egistered	
agent. I a	m familiar with,	and accept the obliga	nions o	r, Section 607.0505, Florida	a Statu	les.								
3IGNATURE	Signature typed or or	inted name of registered agei	nt and title	if applicable. (NOTE: Re	egistered A	Agent	signature (6	equired w	hen reinstating)	DATE				
12.	organization types of pr	OFFICERS AN			13.	<u> </u>			ADDITIONS/CHANGES TO O	FFICERS AN	D DIRE	CTOR	S IN 12	
ITLE	TS			X) DELETE	1.1 TITL	TITLE TITLE		TS			Char	nge		
AME		· · · · · · · · · · · · · · · · · · ·				1.2 NAME MC		McG	regor, Russell M.					
									2 Ortega Drive					
ITY-ST-ZIP	TALLAHASSI				1.4 CIT				lahassec, FL 3231	2				
TLE	VP VP					1 TITLE		(2)	HIROCELL ; 1 is	- <i>F</i>	Chai	nge	☐ Addition	
AME	\ · · ·				2.2 NAN	2.2 NAME								
TREET ADDRESS	000 01 4174						ADDRESS							
TREE: ADDRESS	T411 4114 00						- 7IP							

1. 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 primar attachment with an addgs, with all other like empowered.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 C/TY-ST-ZiP

DELETE

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□ DELETE

GNATURE

1/20/99

Carrell. E.W.

1010 Mimosa Dr.

Tallahassee, FL

850-385-3946

Change

Change

Change

☐ Change

☐ Addition

☐ Addition

∏ Addition

32312