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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M87275

1. Corporation Name

FIRST AMERICAN PROPERTIES LAKELAND CORPORATION

| | · | | | | | | | | | |
|--|---|---|--|--|--|-------------------------------------|--------------|----------------|------------|------------------------------|
| Principal Place | e of Business | Mailing Address | | | | | | | | |
| 1501 SHEPHERD RD STE 5 PO BOX 6271 | | | | | | | | | | |
| P O BOX 6271 LAKELAND FL 33807-6271 | | | | | | | | TE IN THIS | 00405 | |
| LAKELAND FL 33811 US | | | | | | | | ITE IN THIS | SPACE | |
| US | | | | | | 3. Date Incorporated 06/27/1988 | or Qualifed | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | | Applied For |
| 21 | | 26 | | | | 59-2896341 | | | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status | Doolrad | | \$8.75 | Additional |
| 22 | | 27 | | • | | 5. Certificate of Status | s Desiled | | Fee | Required |
| City & State | e | City & State | | | - | 6. Election Campaigr | Financing | | \$5.0 | May Be |
| 23 | • | 28 | | | | Trust Fund Contrib | oution | | Adde | to Fees |
| Zip | Country | Zip | Cour | ntry | | 8. This corporation of | wes the cur | rent year Inta | ingible | |
| 24 | 25 | 29 | 30 | | • | Personal Property | Tax. | | ☐ Yes | □No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Addre | ss of New | Registered / | Agent | |
| | , | | | 81 | Name | • | | | | ļ |
| | KS, JOHN PAUL | | ŀ | 82 | Ctroot Adden | ess (P.O. Box Number is | Not Accept | -ahla) | | |
| | WENDEL & CHRITTON, CHARTE | RED | | 82 | Street Addre | SSS (F.O. DOX NUMBER IS | Not Accept | abiej | | ļ |
| 5300 |) South Florida ave. | | Ī | 83 | | | | | | |
| LAKE | ELAND FL 33813 | | | | | | | | | |
| | • | | - | 84 | City | | | FL | 85 Zip | Code |
| 44 Discourant | to the provisions of Sections 607.050 | 2 and 607 1509. Florida Statut | as the at | 201/0-1 | named como | pration submits this state | ment for the | | changing i | its registered |
| office or n | egistered agent, or both, in the State | of Florida. Such change was a | uthorized | by the | e corporation | n's board of directors. I h | ereby acce | pt the appoir | tment as | registered |
| agent, I a | m familiar with, and accept the obliga- | | | | | | | | | |
| -3- | in termine with and proops the obliga | lions of, Section 607.0303, 110 | ilua Statu | nes. | | | | | | |
| SIGNATURE | | | - | | | (u.b.s. sinatotico) | | DATE | | \ |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE | : Registered | | ignature required | when reinstating) ADDITIONS/CHANGE | GES TO OF | DATE FICERS AN | D DIRECT | ORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered ager OFFICERS AN | nt and title if applicable. (NOTE | Registered a | Agent si | ignature required | when reinstating) ADDITIONS/CHANG | GES TO OF | | D DIRECT | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered ager OFFICERS AN | nt and title if applicable. (NOTE | 13. | Agent si | ignature required | | GES TO OF | | | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered ager OFFICERS AN DP HODGES, CARLTON D. | nt and title if applicable. (NOTE | 13. 1.1 TITI 1.2 NAI | Agent si LE ME | | | GES TO OF | | | |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered ager OFFICERS AN DP HODGES, CARLTON D. 1501 SHEPHERD RD, STE 5 LAKELAND FL | nt and title if applicable. (NOTE ID DIRECTORS ID DELETE | 13. 1.1 TITI 1.2 NAI 1.3 STF | Agent si LE ME REET AL Y-ST-Z | DDRESS | | GES TO OF | | Change | e [Addition |
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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 of 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 affachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ged, or on an attachment with an address, with all other like empowered.

CARLION D. HODGES

CARLION D. HODGES

LAKELAND BOX 6040

NATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR BIRE FOR IDA 33807

4/19/99

941 646-4680 Daytime Phone #

CR2E034 (11/98)