FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N9700000 2377

Lakeland Area Business Alliance Inc.

26

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Principal Place of Business 35 Lake Morton Dr. Lakeland, FL 33801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

Mailing Address

C/O Ron Grigsby, LABA

P.O. Box 3607

Suite, Apt. #, etc.

2a. Mailing Address

City & State

Lakeland, FL 33802

FILED May 13, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed April 29, 1997

5. Certifcate of Status Desired

4. FEI Number

59-3493361

23			28			5. Certificate of Status Desired		Fee Rec	quired			
Zip 24	Country 25				untry		6. Election Campaign Financing Trust Fund Contribution		\$5.00 r Added to			
						10. Name and Address of New Registered Agent						
9. Name and Address of Current Registered Agent Steven J. Scruggs 35 Lake Morton Dr. Lakeland, FL 33801					81 Name Ronald Grigsby 82 Street Address (P.O. Box Number is Not Acceptable) 35 Lake Morton Dr. 83 84 City Lakeland FL 85 Zip Code 33801)1		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SiGNATURE Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	11=11	OFFICERS AND DIS		13.			ADDITIONS/CHANGES TO OF	FICERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4100	ald Grigsby) S. Frontage I eland, FL 33815		1.2 NA 1.3 ST	ME	ADDRESS			☐ Change	☐ Addition		
TITLE	"D"		☐ DELI						☐ Change	Addition		
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NAME CONTROL ADDRESS		George Jenkin	ns Blvd.		2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS	Lake	eland, FL 33801	L		TY- S1							
CITY-ST-ZIP	_		DEL			J · ZIF			☐ Change	Addition		
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STREET ADDRESS	-520-	NT Lake Parker	Ave.		_	ADDRESS			-			
CITY-ST-ZIP	Lake	eland, FL 33801	L		ITY-\$1							
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STREET ADDRESS						ADDRESS						
CITY-ST-ZiP					TY-ST			1.5.11		ftion		
14. hereby c	certify that the in	formation supplied with this	s filing does not qui	alify for the exe	mptio	on stated i	n Section 119.07(3)(i), Florida Statutes.	I further	certify that the in	iormation		

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME

CR2E037 (11/98)

Applied For

\$8.75 Additional

Not Applicable