

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90167 037 ***150.00

DOCUMENT # P06223

1. Corporation Name

LNC REALTY CORPORATION

Principal Place of Business

% COMPLIANCE DEPT
200 E BERRY ST
FT. WAYNE IN 46802-3506
US

Mailing Address

% COMPLIANCE DEPT
PO BOX 2390
FT. WAYNE IN 46802-3506
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1985

4. FEI Number

35-1610501

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCMEEKIN, H. THOMAS
STREET ADDRESS 200 E BERRY ST
CITY-ST-ZIP FT. WAYNE IN ☐ DELETE

TITLE VD
NAME KISSKO, LAWRENCE T.
STREET ADDRESS 200 E BERRY ST
CITY-ST-ZIP FT. WAYNE IN ☐ DELETE

TITLE S
NAME WOMACK, C. SUZANNE
STREET ADDRESS 200 E BERRY ST
CITY-ST-ZIP FT. WAYNE IN ☒ DELETE

TITLE VT
NAME WHITNEY, JANET C.
STREET ADDRESS 200 E. BERRY ST.
CITY-ST-ZIP FT. WAYNE IN ☐ DELETE

TITLE PD
NAME BRODY, STEVEN R.
STREET ADDRESS 200 E BERRY ST
CITY-ST-ZIP FT. WAYNE IN ☐ DELETE

TITLE AS
NAME BEEKS, RENEE L
STREET ADDRESS 200 E BERRY ST
CITY-ST-ZIP FT. WAYNE IN ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S
3.2 NAME Rose, Cynthia A.
3.3 STREET ADDRESS 200 E Berry St
3.4 CITY-ST-ZIP Fort Wayne IN 46802 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME Chrsan, Janet C.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lawrence T. Kissko

April 8, 1999 219-455-2753

Date

Daytime Phone #

CR2E034 (1/98)

0584002