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FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P23789 (1)

1. Corporation Name  
LAKESPRING CORPORATION OF JACKSONVILLE



Principal Place of Business  
780 JOHNSON FERRY ROAD  
SUITE 250  
ATLANTA GA 30342  
US

Mailing Address  
780 JOHNSON FERRY ROAD  
SUITE 250  
ATLANTA GA 30342-1435  
US

3. Date Incorporated or Qualified 04/10/1989  
3a. Date of Last Report 02/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

58-1847955

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION  
417 E. VIRGINIA ST, #1  
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 PD ☐ DELETE

NAME GRAHAM, CHARLES D.  
STREET ADDRESS 780 JOHNSON FERRY ROAD, SUITE 250  
CITY-STATE-ZIP ATLANTA GA

TITLE S ☐ DELETE

NAME GRAHAM, KAREN S  
STREET ADDRESS 780 JOHNSON FERRY ROAD, SUITE 250  
CITY-STATE-ZIP ATLANTA GA

TITLE V ☐ DELETE

NAME BEAVERS, BOBBY L.  
STREET ADDRESS 780 JOHNSON FERRY ROAD, SUITE 250  
CITY-STATE-ZIP ATLANTA GA

TITLE V ☐ DELETE

NAME MARSH, SUSAN J.  
STREET ADDRESS 780 JOHNSON FERRY ROAD, SUITE 250  
CITY-STATE-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

V (last name change) ☒ Change ☐ Addition

Gatins, Susan J.

780 Johnson Ferry Road, Suite 250

Atlanta, Georgia 30342

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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.

SIGNATURE: Karen S. Graham

*Karen S. Graham*

4/1/97

404-252-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012459

CR2E034 (9/96)