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Mar 19 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 # P31583 (8)
1. Corporation Name
HAWTHORNE LAKELAND, INC.



Principal Place of Business
3470 DRANE FIELD ROAD
LAKELAND FL 33811

Mailing Address
P.O. BOX 61000
CHARLESTON SC 29419-1000

3. Date Incorporated or Qualified
11/15/1990

3a. Date of Last Report
03/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	57-0923063	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

HARTON, T. DEAN
C/O LAKELAND AIR CENTER
3470 DRANE FIELD ROAD
LAKELAND FL 33811

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HARTON, T. DEAN	1.2 NAME	
STREET ADDRESS	6543 FAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	
NAME	STRICKLAND, VERNON B.	2.2 NAME	
STREET ADDRESS	6543 FAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	HARTON, CYNTHIA A.	3.2 NAME	
STREET ADDRESS	6543 FAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	STRICKLAND, WILLIAM T.	4.2 NAME	
STREET ADDRESS	6543 FAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	THRIFT, BILL	5.2 NAME	
STREET ADDRESS	43 ANDERSON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: *Bill Thrift* *Bill Thrift V.P.* 3/12/97 803-797-8444

CR2E034 (9/96)