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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P31583**

1. Corporation Name

HAWTHORNE LAKELAND, INC.

Principal Place of Business

Mailing Address

3470 DRANE FIELD ROAD
LAKELAND FL 33811

P.O. BOX 61000
CHARLESTON SC 29419



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 57-0923063	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTON, T. DEAN	1.2 NAME	HARTON, TD
STREET ADDRESS	6543 FAIN STREET	1.3 STREET ADDRESS	PO BOX 525
CITY-ST-ZIP	CHARLESTON SC	1.4 CITY-ST-ZIP	WINSTON-SALEM, NC 27102-0525
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, VERNON B.	2.2 NAME	THRIFT, BILL
STREET ADDRESS	6543 FAIN STREET	2.3 STREET ADDRESS	PO BOX 525
CITY-ST-ZIP	CHARLESTON SC	2.4 CITY-ST-ZIP	WINSTON-SALEM, NC 27102-0525
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTON, CYNTHIA A.	3.2 NAME	LEDFOED, GREGORY
STREET ADDRESS	6543 FAIN STREET	3.3 STREET ADDRESS	1001 PENNSYLVANIA AVENUE
CITY-ST-ZIP	CHARLESTON SC	3.4 CITY-ST-ZIP	WASHINGTON, DC 20004-2505
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VCFO SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, WILLIAM T.	4.2 NAME	JAMES F. FLORENCE
STREET ADDRESS	6543 FAIN STREET	4.3 STREET ADDRESS	PO BOX 525
CITY-ST-ZIP	CHARLESTON SC	4.4 CITY-ST-ZIP	WINSTON-SALEM, NC 27102-0525
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E034 (11/98)