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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000035251 (6)**

1. Corporation Name

LAKEFRONT INVESTMENT CO.



Principal Place of Business

**50 NORTH LAURA STREET
3400
JACKSONVILLE FL 32202
US**

Mailing Address

**50 NORTH LAURA STREET
3400
JACKSONVILLE FL 32202
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1993

4. FEI Number

59-3182679

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1301 Riverplace Blvd.

Suite, Apt. #, etc.

22 1301

City & State

23 Jacksonville, FL

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 1301 Riverplace Blvd.

Suite, Apt. #, etc.

27 1301

City & State

28 Jacksonville, FL

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

**RAX CO
50 NORTH LAURA STREET
SUITE 3400
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

MOTOLAN, Inc.

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

1301 Riverplace Blvd.

83 Suite 1301

84 City

Jacksonville

FL

85 Zip Code

32207

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

as Vice President

(NOTE: Registered Agent signature required when reinstating)

2/12/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DP
TOUB, RICHARD N
50 N LAURA STREET, SUITE 3400
JACKSONVILLE FL**

TITLE ☐ DELETE

**DVT
VAGHADIA, VINOD
50 N LAURA STREET, SUITE 3400
JACKSONVILLE FL**

TITLE ☐ DELETE

**S
LAPWOOD, CAROL
50 N LAURA STREET, SUITE 3400
JACKSONVILLE FL**

TITLE ☐ DELETE

**AT
EWING, KEITH
604 COURTLAND ST STE 138
ORLANDO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

SIGNATURE:

[Signature] **CAROL LAPWOOD - SECRETARY APRIL 14 1998**

CR2E034 (10/97)