

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90038 046 ***150.00

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1. Entity Name

LAKE PARK TRAVEL CENTER, INC.



Principal Place of Business

1650 COUNTY RD. 210 WEST
JACKSONVILLE, FL 32259

Mailing Address

1650 COUNTY RD. 210 WEST
JACKSONVILLE, FL 32259



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3209927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, ROBERT
1650 CR 210 WEST
JACKSONVILLE, FL 32259

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORRIS, GEORGE H
STREET ADDRESS 1024 US HIGHWAY 301 SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32234

TITLE DVP
NAME MORRIS, G. ROBERT
STREET ADDRESS 1650 CR 210 WEST
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D
NAME MORRIS, HERMAN D
STREET ADDRESS 1024 US HIGHWAY 301 SOUTH
CITY-ST-ZIP JACKSONVILLE, FL

TITLE C
NAME MORGAN, CLARISSA M
STREET ADDRESS 2311 ODUM WAY
CITY-ST-ZIP JESUP, GA 31545

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

G. Robert Morris, VP

Date

Daytime Phone #

(904) 596-0979

8/12