

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90155 048 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015738

1. Corporation Name

LODESTAR TOWER VIRGINIA, INC.



Principal Place of Business

**218 U.S. HWY #1 SUITE 300
TEQUESTA FL 33469**

Mailing Address

**218 U.S. HWY #1 SUITE 300
TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1994

4. FEI Number

65-0564556

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**GIBBS, RONALD
218 U.S. HWY #1 SUITE 300
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent

81 Name

DICKIE, PAUL A.

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

218 U.S. HWY #1 SUITE 300

83

84 City

TEQUESTA

FL

85 Zip Code
33469

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

PAUL A. DICKIE

4/28/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WILSON, JAMES G | |
| STREET ADDRESS | 218 U.S. HWY #1 SUITE 300 | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | |
| TITLE | D/S | <input type="checkbox"/> DELETE |
| NAME | BYRNE, THOMAS F | |
| STREET ADDRESS | 218 U.S. HWY #1 SUITE 300 | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | |
| TITLE | D/P | <input checked="" type="checkbox"/> DELETE |
| NAME | GIBBS, RONALD L | |
| STREET ADDRESS | 218 U.S. HWY #1 SUITE 300 | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | |
| TITLE | D/C | <input type="checkbox"/> DELETE |
| NAME | DICKIE, PAUL A | |
| STREET ADDRESS | 218 U.S. HWY #1 SUITE 300 | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | |
| TITLE | D/V | <input type="checkbox"/> DELETE |
| NAME | PATTON, GEORGE E | |
| STREET ADDRESS | 218 U.S. HWY #1 SUITE 300 | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MCGEE, NANCY E | |
| STREET ADDRESS | 218 U.S. HWY #1 SUITE 300 | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | SCOTT, PAUL W. | |
| 1.3 STREET ADDRESS | 218 U.S. HWY #1 SUITE 300 | |
| 1.4 CITY-ST-ZIP | TEQUESTA FL 33469 | |
| 2.1 TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | DICKIE, PAUL A. | |
| 2.3 STREET ADDRESS | 218 U.S. HWY #1 SUITE 300 | |
| 2.4 CITY-ST-ZIP | TEQUESTA FL 33469 | |
| 3.1 TITLE | D/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | MCGEE, NANCY E. | |
| 3.3 STREET ADDRESS | 218 U.S. HWY #1 SUITE 300 | |
| 3.4 CITY-ST-ZIP | TEQUESTA FL 33469 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

PAUL A. DICKIE

DATE

4/28/99

DAYTIME PHONE #

(561) 748-9300

CR2E034 (11/98)