FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

• PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000017901 (7)**

1. Corporation Name

SEMINOLE LAKELAND PROPERTIES, INC.

Principal Place of Business	Mailing Address
5801 ULMERTON RD SUITE 200 CLEARWATER FL 34620	5801 ULMERTON RD SUITE 200 CLEARWATER FL 34620

3. Date Incorporated or Qualified: **03/04/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 | 21649 U.S. Highway 19 N.
Suite, Apt. #, etc.
22 |
City & State
23 | Clearwater, Fl
Zip 24 | 34625 Country 25 | Pinellas

2a. Mailing Address
26 | 21649 U.S. Highway 19 N.
Suite, Apt. #, etc.
27 |
City & State
28 | Clearwater, Fl
Zip 29 | 34625 Country 30 | Pinellas

4. FEI Number: **59-3233008** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHRS, DENIS A
800 SECOND AVE S
SUITE 380
ST PETERSBURG FL 33701

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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KRIZMANICH, MICHAEL	
STREET ADDRESS	5801 ULMERTON RD SUITE 200	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: Mathew Krizmanich 1-25-96 813-797-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)