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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024165

LAKESIDE TIMBER & LAND COMPANY

Principal Place of Business

Mailing Address

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90048 040 ***150.00



12115 AMBROSIA COURT JACKSONVILLE FL 32223		12115 AMBROSIA COURT JACKSONVILLE FL 32223		DO NOT WRITE IN THIS S	PACE	
				3. Date Incorporated or Qualifed 03/25/1994		
	ace of Business	2a. Mailing Address		4. FEI Number		lied For
21 310	CREIGHTON BLUFF IN	26 1310 CREILHT	ron Bluff 1	~. 59-3246295		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Red	
City & State		City & State 28 Zip	E, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
Zip 24 32223	Country 25 DUVAL		Country DUVAL	reisonal Property Tax.	Yes	
<u> </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent	
	CHER, BABETTE L DEPENDENT DRIVE		82 Street A	TOR B. HARDING, Je idress (P.O. Box Number is Not Acceptable)		
	E 200			O CREIGHTON BLUFF LM		
			83			
	(SONVILLE FL 32201-1559		84 City	iksonville FL	85 Zip C	ode 273
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accopythe obligation	and 607.1508, Florida Statutes, Florida. Such change was auth ons of, Section 607.0505, Florida	the above-named corrized by the corpor a Statutes.	orporation submits this statement for the purpose of clation's board of directors. I hereby accept the appoint	hanging its i ment as reg	registered sistered
SIGNATURE	Signature types or printed name of registered agent a	L / L MAI	gistered Agent signature req	VING TR PRESIDENT 3 Uired when reinstating) DATE	10 99	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D)	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	HARDING, MAJOR B JR.		1.2 NAME			
STREET ADDRESS	12115 AMBROSIA COURT		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	JACKSONVILLE FL 32223		1,4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition }
NAME	BUSBY, PHYLLIS D		2.2 NAME	• • •		-
STREET ADDRESS	10464 BIG TREE CIRCLE WEST		2.3 STREET ADDRESS			1
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP			
TITLE	0.101100111122212	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			ł
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			
CITY-ST-ZIP		3				
TITLE		DELETE	5.1 TITLE		Change	Addition
TITLE		☐ DELÉTE			Change	Addition
NAME		☐ DELÉTE	5.1 TITLE		Change	Addition {
NAME STREET ADDRESS		☐ DELÉTE	5.1 TITLE 5.2 NAME		Change] Addition }
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change	Addition
NAME STREET ADDRESS			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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 comparation 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: