

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 # P94000053344 (5)

1. Corporation Name

LAKE ASBURY PLAZA, INC.



Principal Place of Business

1718 KINGSLEY AVE.
SUITE 4
ORANGE PARK FL 32073

Mailing Address

1718 KINGSLEY AVE.
SUITE 4
ORANGE PARK FL 32073

2. Principal Place of Business

2a. Mailing Address

21 2301 Park Ave.

26 c/o John F. Tolson, Jr.

3. Date Incorporated or Qualified
07/19/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3297930

Applied For
Not Applicable

22 Suite, Apt. #, etc.
#406

27 Suite, Apt. #, etc.
2301 Park Ave.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Orange Park, FL

28 City & State
Orange Park, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
32073

Country

29 Zip
32073

30 Country
Clay

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOLSON, JOHN F JR
1718 KINGSLEY AVE.
SUITE 4
ORANGE PARK FL 32073

81 Name
John F. Tolson, Jr. ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)
2301 Park Ave., Suite #406

83

84 City
Orange Park, FL 85 Zip Code
32073

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 of appointment

Typed Name, Signature, typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KERRY RIFKIN
STREET ADDRESS 3815 ELRIDGE AVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE VPD
NAME CHARLES L. COTTEN
STREET ADDRESS P.O. BOX 458 N/A
CITY-ST-ZIP ORANGE PARK FL 32067

TITLE STD
NAME JOAN J. BAZLEY
STREET ADDRESS P.O. BOX 458 N/A
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D
NAME CHERYL M. DELLINGER
STREET ADDRESS 930 BIRDWOOD DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D
NAME OMAR E. DAJANI
STREET ADDRESS 3829 TIMUQANA ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D
NAME SOLON J. ELLMAKER
STREET ADDRESS P.O. BOX 894 N/A
CITY-ST-ZIP ORANGE PARK FL 32067

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)(k), 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:

John F. Tolson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4-17-96 (904) 284-5077

Date

Daytime Phone

CR2E034 (12/95)