

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2310 PARK AVE
STE 406
ORANGE PARK FL 32073
US

Mailing Address

C/O JOHN F. TOLSON JR
2301 PARK AVE. STE 406
ORANGE PARK FL 32073-5568
US

3. Date Incorporated or Qualified
07/19/1994

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3297930

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

TOLSON, JOHN F JR
2301 PARK AVE, STE 406
ORANGE PARK FL 32073

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 required for principal place of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KERRY RIFKIN	
STREET ADDRESS	3815 ELRIDGE AVE	
CITY- ST- ZIP	ORANGE PARK FL 32073	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHARLES L. COTTEN	
STREET ADDRESS	P.O.BOX 458 N/A	
CITY- ST- ZIP	ORANGE PARK FL 32087	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JOAN J. BAZLEY	
STREET ADDRESS	P.O.BOX 458 N/A	
CITY- ST- ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHERYL M. DELLINGER	
STREET ADDRESS	930 BIRDWOOD DRIVE	
CITY- ST- ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OMAR E. DAJANI	
STREET ADDRESS	3829 TIMUQANA ROAD	
CITY- ST- ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLON J. ELLMAKER	
STREET ADDRESS	P.O.BOX 894 N/A	
CITY- ST- ZIP	ORANGE PARK FL 32087	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hinson L. Stephens	
1.3 STREET ADDRESS	440 Kingsley Ave.	
1.4 CITY- ST- ZIP	Orange Park, FL 32073	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
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 do 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.

SIGNATURE:

Joan J. Bazley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1997
Date Daytime Phone #

CR2E034 (9/96)