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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

2310 PARK AVE
STE 406
ORANGE PARK FL 32073
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3297930

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

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

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

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

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VPD
CHARLES L. COTTEN
4821 LONG DOW RD.
JACKSONVILLE, FL 32210

TITLE STD ☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

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

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

STD
JOAN J. BAZLEY
P.O. BOX 868
GREEN COVE SPRINGS, FL 32043

TITLE D ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

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

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

5.1 TITLE

☒ Change ☐ Addition

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

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
OMAR E. DAJANI
3829 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

TITLE D ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME STEPHENS, HINSON L.
STREET ADDRESS 440 KINGSLEY AVE
CITY-ST-ZIP ORANGE PARK FL

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.

SIGNATURE:

[Signature]

4/11/98 (944) 284 507

CR2E034 (10/97)