

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90190 046 ***150.00

DOCUMENT # P94000053344

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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, typed or printed name 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 | 4821 LONG BOW RD | |
| CITY-ST-ZIP | JAX FL 32210 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | JOAN J. BAZLEY | |
| STREET ADDRESS | POB 868 | |
| 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 type="checkbox"/> DELETE |
| NAME | STEPHENS, HINSON L. | |
| STREET ADDRESS | 440 KINGSLEY AVE | |
| CITY-ST-ZIP | ORANGE PARK FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)