

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1997 8:00 am
Secretary of State

DOCUMENT # P 94000055118

1. Corporation Name

LAKEFRONT MOTEL, INC.

Principal Place of Business

Mailing Address

**21716 US Hwy 27
Groveland, FL 34736**

**21716 US Hwy 27
Groveland, FL 34736**

3. Date Incorporated or Qualified
07/22/1994

3a. Date of Last Report
05/01/96

4. FEI Number

59-3257336

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

2. Principal Place of Business

2a. Mailing Address

21 21716 US Hwy 27

26 21716 US Hwy 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

City & State

23 Leesburg, Florida

28 Leesburg, Florida

Zip Country

Zip Country

24 34748 25 Lake

29 34748 30 Lake

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Turner, Sherrill B
21716 US Hwy 27
Groveland, Florida 34736**

**81 Name
Turner, Sherrill B**

**82 Street Address (P.O. Box Number is Not Acceptable)
21716 US Hwy 27**

83

**84 City
Leesburg**

**FL 85 Zip Code
34748**

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 ☐ DELETE
NAME **P Turner, Sherrill B**
STREET ADDRESS **21716 US Hwy 27**
CITY-ST-ZIP **Groveland, Florida 34736**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Turner, Sherrill B**
1.3 STREET ADDRESS **21716 US Hwy 27**
1.4 CITY-ST-ZIP **Leesburg, Florida 34748**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: **Sherrill B. Turner** **SHERILL B. TURNER** **3-15-97** **352 787 8876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)