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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500003843 1. Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90062 027 ***150.00

6894 LA	KE WINONA, INC.									
Principal Place	n of Business	Mailing Address	 							
		6894 LAKE WINONA RD.								
6894 LAKÉ WINONA RD. 6894 LAKE WINONA RD. DELEON SPRINGS FL 32130 DELEON SPRINGS FL 32130										
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						1	rporated or Qualif	ea		
O Orinainal D	lose of Business	2a. Mailing Address			_	01/13/19 4. FEI Numb			ΙΔ	pplied For
2. Principal P	lace of Business	26	_			59-3292				ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	T				Additional
22	.,	27				5. Certificate	of Status Desired		Fee F	equired
City & State	e	City & State				6. Election C	ampaign Financir	ng 🗆	\$5.00	May Be
23		28		-		Trust Fun	d Contribution		Added	to Fees
Zip	Country	Zip	Count	ry		1 -	oration owes the o	urrent year	r Intangible [Z -Yes	
24	25		30				Property Tax. d Address of Ne	u Basista		No
1	9. Name and Address of Curr	rent Registered Agent	- 8	1 Name		10. Name an	D Address of Ne	w Keñistei	ea Agent	
JON	ES, ROBIN M		Ĺ							
	CLIFTON RD.		8	2 Stree	t Addres	ss (P.O. Box N	umber is Not Acce	eptable)		ļ
	ON SPRINGS FL 32130		18	3						
					_				0.71.71	
			8	4 City				F	-L 85 Zip	Code
						ention culturate t	his statement for I	he purpose	of changing it	s registered
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the abo	ve-name	d corpor	I SUDILIES I	ina statement for i	50.5	, , , , , ,	
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Stat te of Florida. Such change was gations of Section 607.0505, F	utes, the abo authorized b lorida Statute	ve-name by the cor es.	d corpor poration	n's board of dire	ctors. I hereby ac	cept the ap	pointment as r	egistered
agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida Stat te of Florida. Such change was gations of, Section 607.0505, F	utes, the abo authorized b lorida Statute	ove-name by the cor as.	d corpor poration	nation submits t	ctors. I hereby ac	cept the ap	ppointment as r	egistered
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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: