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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90001 046 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000034880

1. Corporation Name

LUNG LA	KES LAND CO.							
Principal Place	of Rusiness	Mailing Address						
2233 SEWANEE ST.		2233 SEWANEE ST.						
		LYNN HAVEN FL 32444			DO NOT WRITE IN THI	COACE		
					3. Date Incorporated or Qualifed	3 3FACE		
				•	04/28/1995			
0.00		2a. Mailing Address			4. FEI Number	Apr	olied For	
2. Principal Place of Business		26. Walling Address			NOT APPLICABLE	<u> </u>	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		\$8.75 Additions			
22		├ ──	27		5. Certificate of Status Desired Fee Required			
City & State		City & State	- Arrest		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	Fees	
Zip Country 24 25		Zip	Zip Country		8. This corporation owes the current year Intangible			
		29	30		Personal Property Tax.			
	9. Name and Address of Cu	rrent Registered Agent		1 Name	10. Name and Address of New Registere	Agent		
KINA	DD IEE A		Ľ	1				
KINARD, LEE A 303 HARVARD BLVD			82 Street Add		ress (P.O. Box Number is Not Acceptable)			
LYNN HAVEN FL 32444			83					
E (I W				<u> </u>		<u> </u>		
•			l'	4 City	F			
office or re	ocietorod agent or both in the S	state of Florina. Such chance was a	ullionzeo i	N IIIG GOIDOIGI	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its pintment as req	registered gistered	
agent. I ar	m familiar with, and accept the ol	bligations of, Section 607.0505, Flo	rida Statut	9S.				
signature	m familiar with, and accept the ol	oligations of, Section 607.0505, Pio	iida Statut	•				á
signature	m familiar with, and accept the of Signature, typed or printed name of registere	oligations of, Section 607.0505, Pio	iida Statut	•			RS IN 12	(80)
signature	m familiar with, and accept the of Signature, typed or printed name of registere	d agent and title if applicable. (NOTE	: Registered A	pent signature requir	ed when reinstating) · DATE			(44,08)
signature 12.	Signature, typed or printed name of registere OFFICERS	oligations of, Section 607.0505, Fig. agent and title if applicable. (NOTE S AND DIRECTORS	: Registered A	pent signature requir	ed when reinstating) · DATE	AND DIRECTO	RS IN 12	(44/08)
signature 12.	m familiar with, and accept the or Signature, typed or printed name of registere OFFICERS	oligations of, Section 607.0505, Fig. agent and title if applicable. (NOTE S AND DIRECTORS	: Registered A 13. 1.1 TITL 1.2 NAM	pent signature requir	ed when reinstating) · DATE	AND DIRECTO	RS IN 12	(44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registere OFFICERS D KINARD, LEE A	oligations of, Section 607.0505, Fig. agent and title if applicable. (NOTE S AND DIRECTORS	13. 1.1 TITL 12 NAW	ent signature requir	ed when reinstating) · DATE	ND DIRECTO ☐ Change	RS IN 12	000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registere OFFICERS D KINARD, LEE A 303 HARVARD BLVD.	oligations of, Section 607.0505, Fig. agent and title if applicable. (NOTE S AND DIRECTORS	13. 1.1 TITL 12 NAW	pent signature requir	ed when reinstating) · DATE	AND DIRECTO	RS IN 12	CD0E024 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere OFFICERS D KINARD, LEE A 303 HARVARD BLVD. LYNN HAVEN FL 32444	oligations of, Section 607.0505, Fid. Ind agent and title if applicable. (NOTE S AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CIT	pent signature requir	ed when reinstating) · DATE	ND DIRECTO ☐ Change	RS IN 12	CD2E034 (41/08)
Agent. I are SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registere OFFICERS D KINARD, LEE A 303 HARVARD BLVD. LYNN HAVEN FL 32444 D	oligations of, Section 607.0505, Fid. Ind agent and title if applicable. (NOTE S AND DIRECTORS DELETE	13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	pent signature requir	ed when reinstating) · DATE	ND DIRECTO ☐ Change	RS IN 12	CD2E024 (41/08)
Agent. I are SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KINARD, LEE A 303 HARVARD BLVD. LYNN HAVEN FL 32444 D BUCKLES, CHARLES W	d agent and title if applicable. (NOTE S AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITI 2.2 NAW 2.3 STR 2.4 CITI 2.4 CITI	pent signature requir E E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP	ed when reinstating) · DATE	Change	RS IN 12 Addition	CD0E004 (41/08)
Agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D KINARD, LEE A 303 HARVARD BLVD. LYNN HAVEN FL 32444 D BUCKLES, CHARLES W 2233 SEWANEE ST.	oligations of, Section 607.0505, Fid. Ind agent and title if applicable. (NOTE S AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	pent signature requir E E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP	ed when reinstating) · DATE	ND DIRECTO ☐ Change	RS IN 12	CD2E024 (41/08)
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Agent. I are SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINARD, LEE A 303 HARVARD BLVD. LYNN HAVEN FL 32444 D BUCKLES, CHARLES W 2233 SEWANEE ST.	d agent and due if applicable. (NOTE S AND DIRECTORS DELETE	2.1 TITL 2.2 NAM 3.3 STR 2.4 CIT 3.1 TITL 2.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.2 NAM 4.2 NAM 4.3	EET ADDRESS (-ST-ZIP EET ADDRESS	ed when reinstating) · DATE	Change Change Change	RS IN 12 Addition Addition	CD0EC04 (44/09)
Agent. I are SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KINARD, LEE A 303 HARVARD BLVD. LYNN HAVEN FL 32444 D BUCKLES, CHARLES W 2233 SEWANEE ST.	d agent and due if applicable. (NOTE S AND DIRECTORS DELETE	13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITN 2.1 TITL 22 NAW 2.3 STR 2.4 CIT 3.1 TITL 32 NAW 3.3 STR 4.1 TITL 4.2 NAW 4.3 STR	EET ADDRESS (-ST-ZIP EET ADDRESS	ed when reinstating) · DATE	Change Change Change	RS IN 12 Addition Addition	CD2E024 (44/08)
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AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINARD, LEE A 303 HARVARD BLVD. LYNN HAVEN FL 32444 D BUCKLES, CHARLES W 2233 SEWANEE ST.	d agent and title if applicable. (NOTE S AND DIRECTORS DELETE	13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITI 22 NAW 23 STR 2.4 CIT 3.1 TITL 32 NAW 33 STR 34. CIT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAW	EET ADDRESS /-ST-ZIP EET ADDRESS	ed when reinstating) · DATE	Change Change Change	RS IN 12 Addition Addition Addition	(44/08)
Agent. I are SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KINARD, LEE A 303 HARVARD BLVD. LYNN HAVEN FL 32444 D BUCKLES, CHARLES W 2233 SEWANEE ST.	d agent and title if applicable. (NOTE S AND DIRECTORS DELETE	13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITI 22 NAW 2.3 STR 2.4 CITI 31 TITL 32 NAW 33 STR 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITI 5.1 TITL 5.2 NAW 5.3 STR	EET ADDRESS /-ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS	ed when reinstating) · DATE	Change Change Change	RS IN 12 Addition Addition Addition	CD2ED34 (44/08)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KINARD, LEE A 303 HARVARD BLVD. LYNN HAVEN FL 32444 D BUCKLES, CHARLES W 2233 SEWANEE ST.	d agent and title if applicable. (NOTE S AND DIRECTORS DELETE	13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITI 22 NAW 2.3 STR 2.4 CITI 31 TITL 32 NAW 33 STR 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITI 5.1 TITL 5.2 NAW 5.3 STR	EET ADDRESS (-ST-ZIP EET ADDRESS	ed when reinstating) · DATE	Change Change Change	RS IN 12 Addition Addition Addition	(41/08)

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1-5-98 850-265-5212