

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90235 032 ***150.00

DOCUMENT # **P95000048962**

1. Corporation Name
LAKELAND HOTEL CORP.



Principal Place of Business

3410 US HWY 98 N
SUITE E-5110
LAKELAND FL 33809
US

Mailing Address

3410 US HWY 98 N
SUITE E-5110
LAKELAND FL 33809
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **3410 US 98 N**

Suite, Apt. #, etc.

22 City & State
Lakeland FL

23 Zip Country
33809 US

24 **33809** 25 **US**

2a. Mailing Address

26 **3410 US 98 N**

Suite, Apt. #, etc.

27 City & State
Lakeland FL

28 Zip Country
33809 US

29 **33809** 30 **US**

3. Date Incorporated or Qualified

06/22/1995

4. FEI Number

59-3320492

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 **P** ☐ DELETE
NAME **BROOKS, ROBERT H**
STREET ADDRESS **1000 NATURALLY FRESH BLVD**
CITY-ST-ZIP **ATLANTA GL**

TITLE **ST** ☐ DELETE
NAME **ABBOTT, K L**
STREET ADDRESS **1000 NATURALLY FRESH BLVD**
CITY-ST-ZIP **ATLANTA G**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **AS** ☐ Change ☒ Addition
1.2 NAME **HARTLEY, TERRY C.**
1.3 STREET ADDRESS **1001 VAIRICOLK RD**
1.4 CITY-ST-ZIP **VAIRICO FL 33594**

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

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

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

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

6.1 TITLE ☐ Change ☐ 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:

TERRY C. HARTLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 4, 1999 **941 688-3861**
Date Daytime Phone #

CR2E034 (11/98)