

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 16, 1999 8:00 am  
Secretary of State

03-16-1999 90109 033 \*\*\*150.00

DOCUMENT # P95000063431

1. Corporation Name

GRAND HAVEN/PALM COAST, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O LOWE ENTERPRISES, INC.  
11777 SAN VICENTE BOULEVARD, SUITE 900  
LOS ANGELES CA 90049

Mailing Address  
C/O LOWE ENTERPRISES, INC.  
11777 SAN VICENTE BOULEVARD, SUITE 900  
LOS ANGELES CA 90049

3. Date Incorporated or Qualified

08/16/1995

4. FEI Number

95-4543577

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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	D/P	<input type="checkbox"/> DELETE
NAME	LEARY, THEODORE M., JR.	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWE, ROBERT J.	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	D/P	<input type="checkbox"/> DELETE
NAME	PRINN, BRIAN T.	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	O'NEILL, KERRI A	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	VP/T	<input type="checkbox"/> DELETE
NAME	DEL FRANCO, PETER A.	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KENYON, BETTY J.	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	
CITY-ST-ZIP	LOS ANGELES CA 90049	

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

834699 - 70107 - 53  
P95 000063431

**GRAND HAVEN/PALM COAST, INC.  
PROFIT CORPORATION ANNUAL REPORT  
OFFICERS CONTINUED**

James T. Cullis  
Vice President  
3 Waterside Parkway  
Palm Coast, Florida 32137

Robert D. DeVore  
Vice President  
3 Waterside Parkway  
Palm Coast, Florida 32137

John R. Hemphill  
Vice President  
3 Waterside Parkway  
Palm Coast, Florida 32137

Peter R. O'Keeffe  
Senior Vice President  
11777 San Vicente Boulevard, Suite 900  
Los Angeles, California 90049

Salve A. Pennya  
Senior Vice President and Assistant Secretary  
11777 San Vicente Boulevard, Suite 900  
Los Angeles, California 90049

William T. Wethe  
Vice President and Assistant Secretary  
3 Waterside Parkway  
Palm Coast, Florida 32137

Stuart C. Rockett  
Vice President  
3 Waterside Parkway  
Palm Coast, Florida 32137