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**

DOCUMENT # P96000096819 1. Corporation Name

LAKE PLACID CHEVRON, INC.

Principal Place of Business

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90038 026 ***150.00



2 U.S. 27 SOUT LAKE PLACID FI		2 U.S. 27 SOUTH LAKE PLACID FL 33852	! U.S. 27 SOUTH AKE PLACID FL 33852							
·	2 30302	DITE DIOD P 4000					DO NOT WR	ITE IN THI	S SPACE	
						3.	. Date Incorporated or Qualifed	1		
							11/21/1996			
2. Principal Pl	2. Principal Place of Business 2a. Mailing Addre			s			. FEI Number			olied For
21		26					<u>65-0710719</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	–			5.	. Certificate of Status Desired		\$8:75 A Fee Rec	
City & State	9	City & State	City & State			6.	i. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun			8.	. This corporation owes the cu	тепt year Ir		_
24	25 29 30				1 Cladital Flopolity Tax.				□No	
•			10	. Name and Address of New	Registered	d Agent				
				81	Name					
DONOVAN, NORAEEN					Street Address (P.O. Box Number is Not Acceptable)					
339 N. RIDGEWOOD DR.				82 Street Addre			P.O. DOX NUMBER IS NOT ACCEP	12010)	::	
SEBF	RING FL 33870			83			٧.		٠, ١	15 T T
	* • • •			84	City				85 Zip C	ode
·	••				City			FI	∟ '	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State	utes, the al	bove	-named cor	rporatio	on submits this statement for the	purpose o	of changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	ot Florida. Such change was tions of Section 607.0505. Fi	autnorized Iorida Statu	ı by : ites.	ine corporai	auon s D	odard of directors. Thereby acce	pt me appt	Jilitillerit as reg	listered
•	The latting with a doop to be obliged									İ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO)	TE: Registered	Agent	t signature requi	ured when	reinstating)	DATE		
12. OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO O	FICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE 1.1		1.1 TITLE					☐ Change	Addition
NAME	DONOVAN, SEAN		1.2 NA	ME						
STREET ADDRESS			REET	ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		TY-ST	r-ZIP						
TITLE			2.1 TITLE					☐ Change	☐ Addition	
NAME	DONOVAN, NORAEEN		2.2 NA	2.2 NAME						
STREET ADDRESS	339 N. RIDGEWOOD DR.		2.3 ST		2.3 STREET ADDRESS					
CITY-ST-ZIP	SEBRING FL 33870		2.4 CI	2.4 CITY-ST-ZIP						}
TITLE	DELETE 3.1 TI								Change	☐ Addition
NAME			3.2 NA	3.2 NAME						
STREET ADDRESS	Ecott Patr, Walled		3.3 ST	3.3 STREET ADDRESS						
CITY-ST-ZIP	***			ITY-S'	T-ZIP					
TITLE	DELETE 4.1 TR		ΠE					☐ Change	Addition	
NAME	LOCKHART, NORA		AME							
STREET ADDRESS	119 MINI RANCH RD.		4.3 ST	REET	ADDRESS					
CITY-ST-ZIP				TY-ST	r-ZIP					
TITLE			5.1 TITLE					Change	☐ Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CfTY-ST-ZIP			5.4 CT	TY-ST	r-ZIP					
TITLE		☐ DELETE	6.1 TIT	TLE					☐ Change	☐ Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP			6.4 CF	TY-ST	r-ZiP					

14. I hereby certify that the information supplied with this filling 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: **9**