

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

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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 90142 021 \*\*\*150.00

DOCUMENT # P96000100330

1. Corporation Name JULIANA LAKESIDE BED & BREAKFAST, INC.



Principal Place of Business 585 STATE ROAD 559 AUBURDALE FL 33823 US
Mailing Address 585 STATE ROAD 559 AUBURDALE FL 33823

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21, 22, 23, 24
2a. Mailing Address 26, 27, 28, 29, 30

3. Date Incorporated or Qualified 12/11/1996
4. FEI Number 59-3416935
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 CARLSON, LARRY B 585 STATE ROAD 559 AUBURDALE FL 33823

10. Name and Address of New Registered Agent 81 Name, 82 Street Address, 83, 84 City, 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when insulating) DATE

12. OFFICERS AND DIRECTORS
1. TITLE D
2. NAME CARLSON, EILEEN M
3. STREET ADDRESS 585 STATE ROAD 559
4. CITY-ST-ZIP AUBURDALE FL 33823
5. TITLE D
6. NAME CARLSON, LARRY B
7. STREET ADDRESS 585 STATE ROAD 559
8. CITY-ST-ZIP AUBURDALE FL 33823

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 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.

SIGNATURE: [Signature] LARRY B. CARLSON Date: 2/24/99 Daytime Phone #: 941-9848352

CR2E034 (11/98)