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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

1999 P96000100330

JULIANA LAKESIDE BED & BREAKFAST, INC.

## FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90142 021 \*\*\*150.00

| Principal Place<br>585 STATE RO<br>AUBURNDALE I<br>US | AD 559  | Mailing Address<br>585 STATE ROAD 559<br>AUBURNDALE FL 33823      |                           |                            |                                  | DO NOT WRITE IN THI  3 Date Incorporated or Qualifed  12/11/1996   |                |              |
|---|---|---|---------------------------|----------------------------|----------------------------------|--|----------------|--------------|
| 2. Principal P  | ace of Business   | 2a. Mailing Address   |                           |                            |                                  | 4. FEI Number  | Ap             | plied For    |
| 21  |   | 26  | 26                        |                            |                                  | 59-3416935   |                | t Applicable |
| Suite, Apt. #, etc.                                   |   | Suite, Apt #. etc   |                           |                            | 5. Certificate of Status Desired | \$8.75 A   |                |              |
| City & State  |   | City & State  |                           |                            | 6. Election Campaign Financing   | \$5.00   |                |              |
| 23 28   |   |   | ,                         |                            |                                  | Trust Fund Contribution  | Added I        |              |
| Zip Country Zip                                       |   |   | Col                       | Country                    |                                  | 8. This corporation owes the current year Intangible   |                |              |
| 24  | 25  | 29  | 30                        | r                          |                                  | Personal Property Tax  | Yes            | <b>X</b> No  |
|   | 9. Name and Address of Curr   | ent Registered Agent  |                           | 81                         | Name                             | 10. Name and Address of New Registered   | Agent          |              |
| CAR   | LSON, LARRY B   |   |                           |                            |                                  |  |                |              |
| 585 STATE ROAD 559                                    |   |   |                           | 82                         | Street Add                       | ress (P.O. Box Number is Not Acceptable)   |                |              |
|   | URNDALE FL 33823  |   |                           | 83                         |                                  |  |                |              |
|   |   |   |                           | 84                         | City                             |  | 85 Zip (       | Code         |
|   |   |   |                           |                            | , ´                              | FI   | L   '   '      |              |
| 1 office or r   | to the provisions of Sections 607 00 egistered agent, or both, in the Stat m familiar with, and accept the oblig state of the state of | te of Florida. Such change was<br>gations of, Section 607 0505. I | authorize<br>Florida Stai | a by<br>Jules              | the corporati                    | poration submits this statement for the purpose coins board of directors. I hereby accept the appearance where (missiating). | ointment as re | gistered     |
| 12.   |   | AND DIRECTORS   | 13.                       |                            |                                  | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTO     | ORS IN 12    |
| TITLE   | D   | ☐ DELETE 11T  |                           | ITLE                       |                                  |  | Change         | noitibtA 🔲   |
| NAME  | CARLSON, EILEEN M   |   | 12 N                      | AME                        |                                  |  |                |              |
| STREET ADDRESS  | 585 STATE ROAD 559  |   | 138                       | TREET                      | ADDRESS                          |  |                |              |
| CITY-ST-ZIP   |   | 1   |                           | 14 CITY-ST-ZIP<br>21 TITLE |                                  |  | ☐ Change       | Addition     |
| TITLE   | D CARLOON LARRY R   | D D   |                           |                            |                                  |  | Change         | Addition     |
| NAME<br>STREET ADDRESS                                | 3,112331, 2,111   |   |                           | 2.3 STREET ADDRESS         |                                  |  |                |              |
| CITY-ST-ZIP   | AUBURNDALE FL 33823   |   | 1                         | in s                       |                                  |  |                |              |
| TITLE   |   | DELETE  | 3 1                       |                            |                                  |  | Change         | Addition     |
| NAME  |   |   | 3 2 N                     | AME                        | :                                |  |                |              |
| STREET ADDRESS  |   |   | li li                     |                            | T ADDRESS                        |  |                |              |
| CITY-ST-ZIP   |   | ☐ DELETE  | _                         | ITY-S                      | IT ZIP                           |  | [] Change      | Addition     |
| TITLE   |   | □ oere ie   | 417                       | AME                        |                                  |  | (_) Ghange     |              |
| NAME<br>STREET ADDRESS                                |   |   | - "                       |                            | T ADDRESS                        |  |                | 1            |
| CITY-ST-ZIP   |   |   | H                         | iTY-S                      |                                  |  |                | İ            |
| TITLE   |   | □ DELETE  | 5 1 T                     |                            |                                  |  | ☐ Change       | Addition     |
| NAME  |   |   | 521                       | AME                        |                                  |  |                | 1            |
| STREET ADDRESS  |   |   |                           |                            |                                  |  |                | 1            |
| AUDI OF TID   |   |   |                           |                            | ADDRESS                          |  |                | 1            |
| CITY-ST-ZIP   |   | [] ndicte   | 540                       | ITY-5                      |                                  |  | □ Change       | Addition     |
| TITLE   |   | [] DELETE   | 540                       | ITY-5                      |                                  |  | ☐ Change       | Addition     |
| _   |   | () DELETE   | 54°C<br>61°T<br>62°N      | ITY-S                      |                                  |  | ☐ Change       | Additron     |

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 DIRECT

LARRY B. CARLSOU

2/24/99

941-9848352

Daytime Phone #

CR2F034 (11/98