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 # P97000031608

1. Corporation Name

LAKELAND PARTIES, INC.

Principal Place of Business

% MARK W. WOLFE

Mailing Address

% MARK W. WOLFE

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90141 043 ***150.00



	MARIGOLD DRIVE 11115 MARIGOLD DRIVE ENTON FL 34202 BRADENTON FL 34202				DO NOT WRITE IN THIS SPACE			
UNADERTOR TE SPECE					3. Date incorporated or Qualifed			
					04/08/1997			
2. Principal Pl	lace of Business	2a. Mailing Address	T-1/ _		4. FEI Number		Applied For	
21 608 14 TH 5 + W 26 608 14 1			TH 57	t_W	65-0752996		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional	
22 27						Fe6	Required -	
City & State City & State				6. Election Campaign Financing \$5.00 May Be				
23 Bradenton, FL 28 Bradent				F- L	Trust Fund Contribution		led to Fees	
Zip // OS Country Zip HOOK Co				161	8. This corporation owes the curre	ent year Intangible Yes	□No	
24 3420 25 (19) 29 34 20 30 30 9. Name and Address of Current Registered Agent					Personal Property Tax. 10. Name and Address of New Re			
	9. Name and Address of Current	IV. Haille and Address of New N	rgistered Agent					
WOLFE, MARK W								
11115 MARIGOLD DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34202				_				
			83					
			84 C	ity		FL 85 2	Zip Code	
11 Pursuant	to the provisions of Sections 607 0502 :	and 607 1508. Florida Statutes.	the above-na	med corpo	ration submits this statement for the p	ournose of changing	its registered	
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 a	nd title if applicable. (NOTE: Rec	gistered Agent sign	nature required	when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	PD	☐ DELETE	1.1 TITLE			Chan	nge 🗌 Addition	
NAME	WOLFE, WILLIAM A		1.2 NAME	72	803 Alhambra	Or.	ĺ	
STREET ADDRESS:	553 SUNCREST BLVD.		1.3 STREET ADD				α	
CITY-ST-ZIP	SAVANNAH GA 31410		1.4 CITY-ST-ZIP	ם ב	vadenton, FL	3720	7	
TITLE	VD	☐ DELETE	2.1 TITLE		803 Alhambra	A DS Chan	nge ☐ Addition	
NAME	wolfe, Elizabeth J		2.2 NAME	7	803 Alhamura	DN'.		
STREET ADDRESS	553 SUNCREST BLVD.		2.3 STREET ADD	RESS A.	radenton. FL	2410	9	
CITY-ST-ZIP	SAVANNAH GA 31410		2.4 CITY-ST-ZI	5	viction; ~		7	
TITLE	S	☐ DELETE	3.1 TITLE			` Char	nge 🗍 Addition	
NAME	WOLFE, MARK		3.2 NAME				j	
STREET ADDRESS	1115 MARIGOLD DRIVE		3.3 STREET ADD				ì	
CITY-ST-ZIP	BRADENTON FL 34202		3.4. CITY-ST-ZIF	·			D ddition	
TITLE	T	☐ DELETE	4.1 TITLE			Char	nge 🗌 Addition (
NAME	DREW, KRISTINE A.		4. 2 NAME				į	
STREET ADDRESS	13710 CHESTERSALL DRIVE		4.3 STREET ADD					
CITY-ST-ZIP	TAMPA FL 33624	T BEI ETT	4.4 CITY-ST-ZIP	<u>' </u>			nge Addition	
TITLE		☐ DELETE	5.1 TITLE			Crian	ião 🗆 vadigou	
NAME			5.2 NAME	DECC				
STREET ADDRESS			5.3 STREET ADD					
CITY-ST-ZIP		Doe: ere	5.4 CITY-ST-ZIP 6.1 TITLE	·			nge	
TITLE		☐ DELETE					ião 🗆 vaquiiqu	
NAME			6.2 NAME					
OTOCCT ADDOCCO	İ		6.3 STREET ADD	RESS I			J	

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 attachypent with an address, with payont like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: