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Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90064 039 ***150.00

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 # P9700048037 LAKE ORIOLE CONSTRUCTION, INC.								1884
Principal Place of Business Mailing Address							1881 ISIN BENG)
8485 CROOM BROOKSVILLI	RITAL ROAD E FL 34602	8485 CROOM RITAL RO BROOKSVILLE FL 34602			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 05/20/1997			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied For 59-3458125 Not Applicat			<u> </u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	Q.,	\$5.00 Added	May Be to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the curr	ent year Inta		□No
24	25		29 30		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			
COOPER, RODNEY C 8485 CROOM RITAL ROAD BROOKSVILLE FL 34602				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
1. 2.	CLUECE CLACE	=12/21/98	>	"				
* BUSINESS CLOSED 12/31/98				84 City		FL		Code
l office o	nt to the provisions of Sections 607.tr r registered agent, or both, in the Star am familiar with, and accept the obj	ate of Florida. Such change was	s authorized	by the corpor	orporation submits this statement for the ation's board of directors. I hereby accel	purpose of a pt the appoin	changing its itment as re	registered gistered
SIGNATUR	Signature, typed or printed name of registered	agent and title if applicable /NC	OTF: Registered	Apent signature reg	uired when reinstating)	DATE		
3,332,37			13.	- North origination (and	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE T			Change	Additio
NAME	COOPER, RODNEY C		1.2 NA	ME				
STREET ADDRES	ALOS ODOON DITH DOAD		1.3 STF	REET ADDRESS				
CITY-ST-ZIP BROOKSVILLE FL 34602			1,4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	2.1 TIT				☐ Change	☐ Additio

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6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

22 NAME

3.1 TITLE 3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

2.3 STREET ADDRESS

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4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

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G OFFICER OR DIRECTOR

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