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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000052062

LIBERTY WEST TOWN, INC.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90070 024 ***150.00



| Principal Plac | ce of Business | Mailing Address | | E INDIANAL IND FAIST INDIA ADDIT BRITT DEFIT DO | IRI BEITO TEOTE BRITO DITER FINI 1991 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 310 WEST CEN | NTRAL PARKWAY | 310 WEST CENTRAL PARK | (WAY | | |
| SUITE 7000 SUITE 7000 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 3 | | | | | |
| ALTAMONTE S | SPRINGS FL 32714 | ALTAMONTE SPRINGS FL | 32714 | DO NOT WRITE IN TH | HIS SPACE |
| | | | | 3. Date Incorporated or Qualifed | |
| 2 Principal P | Place of Business | 2a. Mailing Address | | 06/12/1997 4. FEI Number | |
| 21 | lace of Edsiress | 26. Walling Address | | | Applied For |
| Suite, Apt. | . #. etc. | Suite, Apt. #, etc. | | 59-3451715 | Not Applicable |
| 22 | , | 27 | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | te | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | |
| 24 | 25 | 29 | 30 | Personal Property Tax. | ☐ Yes ☑No |
| | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Registere | d Agent |
| 1497 | VELOOM IN M | | 81 Name | | |
| | KELSON, W M | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | . |
| 310 WEST CENTRAL PARKWAY | | | | | |
| | TE 7000 | | 83 | | |
| ALIA | AMONTE SPRINGS FL 32714 | | 84 City | | ■ 85 Zip Code |
| | | | , | F | L T T |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statute | es, the above-named corp | poration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its registered |
| agent. I a | im familiar with, and accept the oblig | ations of, Section 607.0505, Flor | rida Statutes. | on's board or directors. I hereby accept the app | ointment as registered |
| SIGNATURE | | | | | |
| 40 | Signature, typed or printed name of registered ag | · · · · · · · · · · · · · · · · · · · | Registered Agent signature require | | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO DESCRIBE A | AND DIDECTORS IN 45 |
| | | □ pc ctc | | ADDITIONS/CHANGES TO OFFICERS A | |
| | D NINKELOON W.M. | ☐ DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| NAME | MIKKELSON, W M | | 1.1 TITLE 1.2 NAME | ADDITIONS/GHANGES TO OFFICERS A | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | MIKKELSON, W M 310 WEST CENTRAL PARKWA | AY SUITE 7000 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ADDITIONS/GHANGES TO OFFICERS A | |
| NAME STREET ADDRESS CITY-ST-ZIP | MIKKELSON, W M | AY SUITE 7000 714 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ADDITIONS/GHANGES TO OFFICERS A | ☐ Change ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | MIKKELSON, W M 310 WEST CENTRAL PARKWA | AY SUITE 7000 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | ADDITIONS/GHANGES TO OFFICERS A | ☐ Change ☐ Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MIKKELSON, W M 310 WEST CENTRAL PARKWA | AY SUITE 7000 714 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | ADDITIONS/GHANGES TO OFFICERS A | ☐ Change ☐ Addition |
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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.

SIGNATURE: