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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067210 (9)

LGI OF SARASOTA, INC.

Principal Place of Business

Mailing Address

## FILED May 01 1998 8:00am Secretary of State



6624 GATEWAY AVENUE SARASOTA FL 34231		6624 GATEWAY AVENUE SARASOTA FL 34231		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 08/04/1997		
	ace of Business	28. Mailing Address			4. FEI Number	A	Applied For
	Cooper Creek Blud.	26 840/ Ceopes Suite, Apt. #, etc.	e Check to	Blud.	65-0772/70		lot Applicable
Suite, Apt. (		27			5. Certificate of Status Desired	,	Additional Required
City & State	elbity Pork FL Country	City & State  28 University Rezity Re	rek FL		Election Campaign Financing     Trust Fund Contribution		May Be I to Fees
<u> </u>	20/ 25 USA	29 3420/ 3	Country  O  U  N	2	This corporation owes or has paid the Personal Property Tax due June 30.	<b>Æ</b> Yes ∣	ntangible No
9. Name and Address of Current Registered Agent					10. Name and Address of New Regist	ered Agent	
Lewis, Kurt F				ne An	wy J. Luecke		*
6824 <b>G</b> ATEWAY AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34231				753	1 Weeping Willow 1	Delve	
•			83		. 0		
			84 City		,		Code
dd Dispusant d	a the provisions of Continue CO7 OF CO	and CO7 1500. Florida Ctatuta	1	541	Rasora_		4241
office or re	agistered agent, or both, in the State of	f Florida. Such change was au	thorized by the d	corporation	oration submits this statement for the purp- on's board of directors. I hereby accept th	e appointment a	s 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	Stgnature, typed or printed name of registrate agent	and title if applicable (NOTE: F	Registered Apent signs	1/A	J Luecke d when reinstating)	7/ 83/98 PATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	Restator	DELETE	1.1 TITLE	6	Resident	☐ Change	Addition
NAME	Anna J	<b>t</b> ee	1.2 NAME	1	ANNA J. Lueale	- Bair	2
STREET ADDRESS	1557 Deeping	Distance De	1.3 STREET ADDRE	ss =	1531 Weeping Willow	DEIVE	ا
CITY-ST-ZIP	Saxasora, It		14 CITY-ST-ZIP		Resident ANNA J. Lueake 1531 Weaping Willow EXAMISTA FL 342	4/	}
TITLE	<u></u>	☐ DELETE	2.1 71TLE	1		Change	Addition C
NAME			2.2 NAME	1			
STREET ADDRESS			2.3 STREET ADDRES	ss			Ī
CITY-ST-ZIP		Delete	2. 4 CITY-ST-ZIP			[] Ohana	1448950
TITLE		∐ DELET <b>e</b>	3.1 TITLE	1		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRES	SS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP			Change	Addition
NAME		Dittie	4.1 ISILE	1		change	L Noonion
STREET ADDRESS			4.3 STREET ADDRES				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	33			4
TITLE	<del></del>	☐ DELETE	5.1 TITLE	<del> </del>		Change	Addition
NAME			5.2 NAME	1		O	
STREET ADDRESS			5.3 STREET ADDRES	22			Ĭ.
CITY-ST-ZIP			5.4 CITY-ST-ZIP	~~			
TITLE		☐ DELFTE	6.1 TITLE	<del>-   -</del> -		Change	Addition
NAME		<del></del>	6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRES	ss			ſ
CITY-ST-ZIP			6.4 CITY-ST-ZIP	-			
OHIT-OF-CIF	THE RESERVE TO THE RE		0.4 011 ( - 01 - 21)	<del></del>	110 07/0V/L FILED OLD 11 16 16		

r nereby 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.

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and the

11/00/00

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