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 # P97000075849 (4)

CHRISTOPHER LANE DESIGN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED 98 APR -8 PM 2: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



3421 SEA MARSH RD. AMELIA ISLAND FL 32034		3421 SEA MARSH RD. AMELIA ISLAND FL 32034		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address				09/02/1997 4. FEI Number	I i maliant fac
	4 First Coast Highway	26 4924 First Coast Highway			Applied For Not Applicable
Suite Apt		Suite, Apt. #, etc.			\$8.75 Additional
22 Suite 12		Suite 12 City & State		5. Certificate of Status Desired	Fee Required
City & State 23 Amelia Island		28 Amelia Island		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24 3203	Country F 25 Nassay	Zip 29 32034	Country 30 Nassau	This corporation owes or has paid the cu Personal Property Tax due June 30.	urrent year Intangible Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
CAPECE, JOYCE L 81 Name WILLIAM DEE LANE					
3421 SEA MARSH RD. 82			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
AMELIA ISLAND FE 32934				S. Fletcher Ave.	
63					
			84 City	nandina Beach FL	85 Zip Code 32034
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, Flarida Statutes					
SIGNATURE WILLIAM DIANE 1 NO. 3 April 1998					
	Signature, typed or printed name of registered agent a		Registered Agent signature requ	ired when reinstating) DATE	
12.	OFFICERS AND (DIRF CTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
TITLE NAME	LANE, WILLIAM D	[] DELETE	1.1 TITLE 1.2 NAME	_	_ • -
STREET ADDRESS	P.O. BOX 286 N/A		1,3 STREET ADDRESS	700002491	2076
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	l	1.4 CITY - ST- ZIP	-04/16/980	1107011
TITLE	D	DELETE	2.1 TITLE	****150.00	*** 150 DO
NAME	CAPECE, JOYCE L		2.2 NAME		•
STREET ADDRESS	3421 SEA MARSH RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL 32034		2. 4 CITY-ST-7IP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		·	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP		T or the	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	,	
STREET ADDRESS			5.3 STREET ADDRESS	105	
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	4-898	Change Addition
TITLE		☐ Ottele	6.1 TITLE	4-890	E CHANGE E MONITON
NAME STREET ADORSOS			6.2 NAME	1 6 18	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 eath; 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. 3Am/198