

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 # P97000080241 (7)

1. Corporation Name

LAKE PROVIDENCE, INC.

FILED

98 APR 23 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

3200 S. HIAWASSEE RD., STE. 206  
ORLANDO FL 32835

3200 S. HIAWASSEE RD., STE. 206  
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

3. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVE., STE. 1100  
ORLANDO FL 32801

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

32802-4961

30

USA

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

59-3475525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D CHIRA, LEE  
STREET ADDRESS  
3300 S. HIAWASSEE RD., STE. 107  
CITY-ST-ZIP  
ORLANDO FL 32835

TITLE ☐ DELETE

NAME  
D TUTTLE, L. MILLS  
STREET ADDRESS  
3200 S. HIAWASSEE RD., STE. 205  
CITY-ST-ZIP  
ORLANDO FL 32835

TITLE ☐ DELETE

NAME  
D MCKINNEY, EUGENE J  
STREET ADDRESS  
3200 S. HIAWASSEE RD., STE. 205  
CITY-ST-ZIP  
ORLANDO FL 32835

TITLE ☐ DELETE

NAME  
D LAWLER, THOMAS P  
STREET ADDRESS  
3200 S. HIAWASSEE RD., STE. 205  
CITY-ST-ZIP  
ORLANDO FL 32835

TITLE ☐ DELETE

NAME  
D WILLNER, DAVID M  
STREET ADDRESS  
3200 S. HIAWASSEE RD., STE. 205  
CITY-ST-ZIP  
ORLANDO FL 32835

TITLE ☐ DELETE

NAME  
D PEISNER, ERIC  
STREET ADDRESS  
3300 S. HIAWASSEE RD., STE. 107  
CITY-ST-ZIP  
ORLANDO FL 32835

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

700002502877--3  
-04/28/98--01064--022  
\*\*\*\*150.00 \*\*\*\*150.00

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.

SIGNATURE:

Eric Peisner, Director

1-3058 402 357-1100

CR2E034 (10/97)