PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90199 032 ***150.00

DOCUMENT # P97000086362

1. Corporation Name

LOCHIN	ESS VILLAGE, INC							
Principal Place of Business Mailing Address								
324-A MONROE ST 324-A MONROE ST								
DUNEDIN FL 34698 DUNEDIN FL 34698								
							DO NOT WRITE IN THIS SPACE	1
							3. Date Incorporated or Qualifed 10/06/1997	ļ.
2 Principal P	lace of Business	22	Mailing Address				4. FEI Number Applied For	ł
21			5				59-3488325 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_ \$8.75 Additional	1
22			7			- -	5. Certificate of Status Desired Fee Required Fee Required	<u> </u>
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Zip Country			Zip Cou				8. This corporation owes the current year Intangible	
24	25 29 30			0	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent		ł	
Name and Address of Current Registered Agent				8	1	Name	It. Name and Audiess of New Registered Agent	1
MAD	DOCK, JEFFREY L			8	_			-
324-A MONROE ST						Street Add	ddress (P.O. Box Number is Not Acceptable)	
DUNEDIN FL 34698								1
				L	4		To Code	1
				8	4	City	FL 85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoral to the control of the control of					ve	-named con	rporation submits this statement for the purpose of changing its registered	1
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid tions of,	la. Such change was aut Section 607.0505, Florid	norized b la Statute	yt ⊛s.	ine corporati	ition's board of directors. I hereby accept the appointment as registered	
SIGNATURE								ł
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS				jent	t signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1
12. TITLE	PD OFFICERS AN	ID DIKE	□ DELETE	13.			Change Addition	
NAME	MADDOCK, JEFFREY L		C beceive	1.2 NAMI			<u></u>	'
STREET ADDRESS	324-A MONROE ST			I.		ADDRESS		
CITY-ST-ZIP	51 N 15 N 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1			1.4 CITY-				١
TITLE	STD			2.1 TITLE	_		☐ Change ☐ Addition	1
NAME	SMITH, A G	H. A G			Ε			
STREET ADDRESS				2.3 STRE	ĘΤ,	ADDRESS		
-GITY-ST-ZIP			- 2. 4 Offy	-61	r-zip		<u> </u> =	
TITLE				3.1 TITLE	-		☐ Change ☐ Addition	1
NAME .				3.2 NAM	Ε			
STREET ADDRESS				3.3 STRE	ET.	ADDRESS	,	
CITY-ST-ZIP				3.4. CITY	-ST	r-ZIP		
TITLE	-		☐ DELETE	4.1 TITLE	•		. Change Addition	1
NAME				4. 2 NAM	Ε			
STREET ADDRESS				4.3 STRE	EΤ	ADDRESS		
CITY-ST-ZIP				4.4 CITY	_	-ZIP		-
TITLE			DELETE	5.1 TTTLE			☐ Change ☐ Addition	
NAME				5.2 NAM				
STREET ADDRESS						ADDRESS	•	1
CITY-ST-ZIP			□ BELETE	5.4 CITY 6.1 TITLE	_	-ZIP		1
TITLE			☐ DELETE			1	☐ Change ☐ Addition	
NAME				6.2 NAM	=			1

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 improvement of 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 effective with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4-22-99

727 138 8899