

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90129 013 ***150.00

DOCUMENT # P97000094212

1. Corporation Name

LILLY DOUGLAS, INC.



Principal Place of Business
149 CANAL ST.
NEW SMYRNA BEACH FL 32168

Mailing Address
149 CANAL ST.
NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

59-3517512

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 149 CANAL ST

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NEW SMYRNA BCH

28 City & State

24 Zip Country

29 Zip Country

25 Volusia

30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGLAS, LESA
149 CANAL ST.
NEW SMYRNA BEACH FL 32168

81 Name

RENCE LILLY

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

149 CANAL ST

83

84 City

NEW SMYRNA FL

85 Zip Code

32168

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DOUGLAS, LESA
STREET ADDRESS 112 WATER THRUSH
CITY-ST-ZIP DAYTONA BEACH FL 32119

1.1 TITLE PRESIDENT
1.2 NAME RENCE LILLY
1.3 STREET ADDRESS 149 CANAL ST
1.4 CITY-ST-ZIP NEW SMYRNA BCH 32168

TITLE D
NAME LILLY, RENEE
STREET ADDRESS 149 CANAL ST.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

2.1 TITLE
2.2 NAME KEVIN LILLY
2.3 STREET ADDRESS 1777 E MINNESOTA
2.4 CITY-ST-ZIP DELAND FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4/29/99 904-428-1111

CR2E034 (11/98)