1082

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000011159 1. Entity Neine JIM C. LANE CORP.						FILED 06 DEC -7 MII: 08				
Principal Place 607 S. EVER PLANT CITY,	S STREET	S	607 S. EVER	Mailing Address 607 S. EVERS STREET PLANT CITY, FL 33565			SEBPETARY OF STATE TABLAHASSEE, FLORIDA		1561 N 1661	
2. Principal Place of Business 3. Mailing Address										
Suite, Apt.	#, etc.	3. 10 Veg - 3	Suite, Apt. #	Suite, Apt. #, etc.			RENSTATEMENTO6			
City & State			City & State			4. FEI Numb 59-312		No	plied For t Applicable	
Zip		Country	Zip		Country		of Status Desired	\$8.75 Add Fee Required		
	6. Name	and Address of Curren	t Registered Agen	ıt	Name	7. Name and	Address of New Registered	l Agent		
LANE, JIM 607 S. EVE PLANT CIT	ERS STRE			Street Addre		ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
			\sim		City		F	Zip Code	9	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
1.	/	FEE IS \$150.00 07, Fee will be \$300	.00			In accordance with s. 60 corporation did not recei				
10.		OFFICERS AN			11.	ADDITIONS	/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete LANE, JAMES B 607 S. EVERS STREET PLANT CITY, FL 33565				NAME STREET ADDRESS CITY-ST-ZIP	1 C 12/07.	0 008236 F3 /0601043013	☐ Change \$	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete LANE, JIM C 607 S. EVERS STREET PLANT CITY, FL 33565				TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	11TLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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 12/4/0(8/3-7/6-4/4)										

Jim C. Lane Corporation 607 S. Evers St. Plant City, FL 33563 813-716-4143

Division of Corporations

Dear Sirs:

We did not receive a filing form this year. Our address has not changed. We have gotten them in a timely fashion for several years.

Sincerely,

Jim/Lane