

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
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DOCUMENT # P98000020356

1. Corporation Name

~~LAKE DEFUNIAK REALTY SERVICES, INC.~~
Lake DeFuniak Realty, Inc.

Principal Place of Business

1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

Mailing Address

1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1998

4. FEI Number

59-3495713

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

21 757 Freeport Highway

Suite, Apt. #, etc.

22 City & State

23 DeFuniak Springs

Zip Country

24 32433

25

2a. Mailing Address

26 757 Freeport Highway

Suite, Apt. #, etc.

27 City & State

28 DeFuniak Springs

Zip Country

29 32433

30

9. Name and Address of Current Registered Agent

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

81 Name

Victor S. Bowman

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

757 Freeport Highway

83

84 City

DeFuniak Springs

FL

85 Zip Code

32433

10. Name and Address of New Registered Agent

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 of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

D

NAME

BIST, MICHAEL P

STREET ADDRESS

1300 THOMASWOOD DRIVE

CITY-ST-ZIP

TALLAHASSEE FL 32312

TITLE

President

NAME

Bowman, Victor S.

STREET ADDRESS

757 Freeport Highway

CITY-ST-ZIP

DeFuniak Springs, FL 32433

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Add

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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 in an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MONTH/YEAR

6 JAN 1999 350-812-642