

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90295 031 ***150.00

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|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P98000025624

1. Corporation Name
LINCOLN PARK, INC.

Principal Place of Business

5800 CLARK ROAD
 SARASOTA FL 34233

Mailing Address

5800 CLARK ROAD
 SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1998

4. FEI Number

65-0824645

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

TURNER, JAMES L ESQ
 200 SOUTH ORANGE AVENUE
 SARASOTA FL 34236

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | H. Monroe Warrington |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 5800 Clark Rd. |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Sarasota, FL 34233 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Jeffrey M. Warrington |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 5800 Clark Rd. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Sarasota, FL 34233 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | William E. Maddox |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 5800 Clark Rd. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Sarasota, FL 34233 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 addition, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON APPOINTED AS DIRECTOR

4/23/99 941.924491