

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90112 048 ***150.00

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

DOCUMENT # **P98000052406**

1. Corporation Name
BY LASHLEY, INC.



Principal Place of Business 7139 JOHN WAYNE COURT TALLAHASSEE FL 32310	Mailing Address 7139 JOHN WAYNE COURT TALLAHASSEE FL 32310
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Rt. 3, Box 2041 Suite, Apt. #, etc.		2a. Mailing Address 26 Rt. 3, Box 2041 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/11/1998	
22 City & State 23 Quincy, FL Zip 24 32351		27 City & State 28 Quincy, FL Zip 29 32351		4. FEI Number 59-3515694 Applied For <input type="checkbox"/> Not Applicable	
25 Gadsden		30 Gadsden		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent LASHLEY, MARILYN 7139 JOHN WAYNE COURT TALLAHASSEE FL 32310		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. Name and Address of New Registered Agent 81 Name Lashley, Marilyn 82 Street Address (P.O. Box Number is Not Acceptable) Rt. 3, Box 2041 83 38 Keels Ct. 84 City Quincy FL 85 Zip Code 32351		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Marilyn Lashley
STREET ADDRESS		1.3 STREET ADDRESS	38 Keels Ct.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Quincy, FL 32351
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Burl E. Lashley, Jr.
STREET ADDRESS		2.3 STREET ADDRESS	1134 Brafforton Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 address, with all other like empowered.

SIGNATURE:

Marilyn Lashley **Marilyn Lashley** **4/6/99** **850-201-1375**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)