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May 10, 1999 8:00 am
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05-10-1999 90252 043 ***150.00

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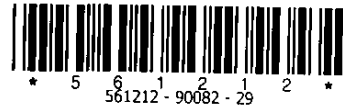
**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # **P98000070017**
 Corporation Name

L & V LAKEWOOD, INC



Principal Place of Business Mailing Address

**3121 VENTURE PL
 Suite 1
 Jacksonville, FL 32257**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENT H. SCHMIDT
 3121 VENTURE PL
 Suite 1
 Jacksonville, FL 32257**

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0508, Florida Statutes.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST-ADDRESS	P-D KENT H. SCHMIDT 1003 GREENRIDGE RD JACKSONVILLE, FL 32207	1.1 TITLE	☐ Change ☐ Addition
ST-ZIP		1.2 NAME	
	☐ DELETE	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
ST-ADDRESS	D CYNDI C. SCHMIDT 1003 GREENRIDGE RD. JACKSONVILLE, FL 32207	2.1 TITLE	☐ Change ☐ Addition
ST-ZIP		2.2 NAME	
	☐ DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ST-ADDRESS	S-T-D JAMES H. Efstathion 13201 MANDARIN RD. JACKSONVILLE, FL 32223	3.1 TITLE	☐ Change ☐ Addition
ST-ZIP		3.2 NAME	
	☐ DELETE	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ST-ADDRESS	D Cheryl T. Efstathion 13201 MANDARIN RD. JACKSONVILLE, FL 32223	4.1 TITLE	☐ Change ☐ Addition
ST-ZIP		4.2 NAME	
	☐ DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ST-ADDRESS		5.1 TITLE	☐ Change ☐ Addition
ST-ZIP		5.2 NAME	
	☐ DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ST-ADDRESS		6.1 TITLE	☐ Change ☐ Addition
ST-ZIP		6.2 NAME	
	☐ DELETE	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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

4/30/99 904-260-2500
 Date Daytime Phone