

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

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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90028 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000077045

1. Corporation Name
LBCV, INC.



Principal Place of Business 1100 MAIN STREET THE VILLAGES FL 32159	Mailing Address 1100 MAIN STREET THE VILLAGES FL 32159
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1998	
21		26		4. FEI Number 59-3532731	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent BURNSD, R D 1100 MAIN STREET THE VILLAGES FL 32159				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 607.0512 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	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	H. GARY MORSE			1.2 NAME			
STREET ADDRESS	1100 MAIN ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	THE VILLAGES, FL 32159			1.4 CITY-ST-ZIP			
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MARK MORSE			2.2 NAME			
STREET ADDRESS	1100 MAIN ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	THE VILLAGES, FL 32159			2.4 CITY-ST-ZIP			
TITLE	SECRETARY	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	R. DEWEY BURNSD			3.2 NAME			
STREET ADDRESS	1100 MAIN ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	THE VILLAGES, FL 32159			3.4 CITY-ST-ZIP			
TITLE	TREASURER	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JOHN WISE			4.2 NAME			
STREET ADDRESS	1100 MAIN ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	THE VILLAGES, FL 32159			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: John F. Wise JOHN F. WISE 4.12.99 (352) 753-6270
 SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)