

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

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S45413**

(9)

1. Corporation Name

A LAKESIDE GALLERY, INC.

Principal Place of Business

**370 N US HIGHWAY 17/92
LONGWOOD FL 32750
US**

Mailing Address

**370 N US HIGHWAY 17/92
LONGWOOD FL 32750
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1991

4. FEI Number

59-3061965

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 or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**FLOWERS, JANET R.
5255 WILSON RD
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name

FLOWERS, JANET R.

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

303 VENTURA DR.

83

84 City

SANFORD

FL

85 Zip Code

32773

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 type of the profit corporation's registered agent will be if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLOWERS, JANET R	
STREET ADDRESS	303 VENTURA DR	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLOWERS, JANET R.	
1.3 STREET ADDRESS	303 VENTURA DR.	
1.4 CITY-ST-ZIP	SANFORD, FL. 32773	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Don W. WIGGS	
2.3 STREET ADDRESS	303 VENTURA DR.	
2.4 CITY-ST-ZIP	SANFORD, FL. 32773	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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

SIGNATURE:

Janet R. Flowers

JANET R. FLOWERS

4/16/98 (407)339-4485

CR2E034 (10/97)