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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V09911

LAKE JES	SSUP GROVES; INC.		•				
Principal Place	of Business	Mailing Address	-		I 1881) Blilli Balla falle leiet lies lies arer:	01041 B1311 B1811 B18	
413 W FIRST STREET SANFORD FL 32771 US		413 W FIRST STREET SANFORD FL 32771 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/29/1992			
	4 D	2a. Mailing Address			4, FEI Number	Appl	lied For
2. Principal Place of Business		26		59-3110551	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to		
Zip Country		Zip Country		This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes ☐	□No	
24	9. Name and Address of Curren	1	<u>*</u>		10. Name and Address of New Registere	d Agent	
	9. Name and Address of Curren	r i rogistorou rigorii	81	Name			
WALLACE, GEORGE B			82	82 Street Address (P.O. Box Number is Not Acceptable)			
SANFORD FL 32771			83			\$ 13. \(\frac{1}{2}\). (1)	
			84	City	<u>\$11.55,555,555,555</u>	85 Zip Co	
SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Ager	nt signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	1		☐ Change	□ Addition
NAME STREET ADDRESS	WALLACE, GEORGE D		1.2 NAME 1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ANI OND I C		1.4 CITY-S	T- ZIP		☐ Change	Addition
ππε	VT	☐ DELETE	2.1 TITLE 2.2 NAME			g-	
NAME	BALES, JEFFREY C	JEFFRET O		T ADDRESS		,	
STREET ADDRESS	3410 3 OILDANDO DIT		2.4 CITY-5				
CITY-ST-ZIP	VP.	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	LINGLE, G. KURT		3.2 NAME]
STREET ADDRESS	111 LOCK ARBOR CT.		3.3 STREE	TADDRESS	化二二烷 医二甲基基甲基基		
CITY-ST-ZIP	SANFORD FL		3.4. CITY-			☐ Change	Addition
TITLE	VPS	☐ DELETE	4.1 TITLE	1		onango ;	
NAME	TRAMMELL, JOE B		4. 2 NAME	T ADDRÉSS			
STREET ADDRESS	720 N RIO GRANDE AVE ORLANDO FL		4.4 CITY-5				
CITY-ST-ZIP	ORLANDO FL	☐ DELETÉ	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		•	•	•
STREET ADDRESS	III years to take t			T ADDRESS			
CITY-ST-ZIP.			5.4 CITY-S	-		Change	Addition
TITLE			6.1 TITLE 6.2 NAME			☐ Ottoride	
NAME STREET ADDRESS	\$20 (2.50) 40 \$10 00 00 00 00 00 00			ET ADDRESS			

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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90028 032 ***150.00