

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63850

Entity Name: LINCOLN COMMERCIAL PROPERTIES, INC.**Current Principal Place of Business:**LINCOLN COMMERCIAL
4884 FRONT ST
PONCE INLET, FL 32127**Current Mailing Address:**LINCOLN COMMERCIAL
P.O. BOX 290727
PORT ORANGE, FL 32129 US**FEI Number: 59-2805831****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, LYDER
4884 FRONT ST
PONCE INLET, FL 32127 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PT
Name JOHNSON, LYDER
Address 4884 FRONT ST
City-State-Zip: PONCE INLET FL 32127Title VS
Name JOHNSON, SIMONE S.
Address 4884 FRONT ST
City-State-Zip: PONCE INLET FL 32127Title AS
Name JOHNSON, SIMONE S
Address 4884 FRONT ST
City-State-Zip: PONCE INLET FL 32127Title VP
Name JOHNSON, SIMONE S
Address 4884 FRONT ST
City-State-Zip: PONCE INLET FL 32127Title OFFICER
Name RINALDI, CEARRA R
Address LINCOLN COMMERCIAL
4884 FRONT ST
City-State-Zip: PONCE INLET FL 32127Title OFFICER
Name JOHNSON, LINCOLN R
Address LINCOLN COMMERCIAL
4884 FRONT ST
City-State-Zip: PONCE INLET FL 32127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYDER JOHNSON**PRESIDENT****01/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date