

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **159095** (9)

1. Corporation Name  
**LAKESHORE DEVELOPERS INC**



Principal Place of Business: **115 EAST JENNINGS P. O. BOX 295 TALLAHASSEE FL 32302**  
Mailing Address: **115 EAST JENNINGS P. O. BOX 295 TALLAHASSEE FL 32302**

3. Date Incorporated or Qualified: **09/19/1949** 3a. Date of Last Report: **02/01/1995**  
4. FEI Number: **59-6064157** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**NETTLES, LEO O  
953 E. MAGNOLIA DR.  
TALLAHASSEE FL 32301**

*Ronald Nettles*

10. Name and Address of New Registered Agent

81 Name: **Nettles, Ronald J.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1504 Sharon Road**  
83  
84 City: **Tallahassee** FL 85 Zip Code: **32303**

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

(NOTE: Registered Agent Signature required when constituting)

(84)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>NETTLES, LEO O.</b>
STREET ADDRESS	<b>953 E. MAGNOLIA DR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>THORNSBERRY, MARCIA DEEB</b>
STREET ADDRESS	<b>211 JOHN KNOX RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>THE ESTATE OF GRACE ALBRITTON</b>
STREET ADDRESS	<b>100 MADISON ST SUITE 302</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	<b>NETTLES, RONALD J.</b>
STREET ADDRESS	<b>1504 SHARON</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Nettles, Ronald J.</b>
1.3 STREET ADDRESS	<b>1504 Sharon Road</b>
1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Nettles, Janet S.</b>
4.3 STREET ADDRESS	<b>953 E. Magnolia Dr.</b>
4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>
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	

**400001764894**  
**-04/01/96--01058--021**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ronald J. Nettles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald J. Nettles, President 3/20/95 (904) 222-1050**

CR2E034 (12/95)