

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **364326** (9)

1. Corporation Name  
**LAKE HOMES CONSTRUCTION COMPANY OF KEYSTONE HEIG  
HTS, INC.**



Principal Place of Business Mailing Address  
**1640 SW WALNUT STREET  
HIGHWAY 301 SOUTH  
STARKE FL 32091  
US** **2468 BEGONIA DRIVE  
~~HIGHWAY 301 SOUTH~~  
MIDDLEBURG FL 32068  
US**

2. Principal Place of Business 2a. Mailing Address  
21 26 **2468 BEGONIA DR**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28 **MIDDLEBURG FLA**  
Zip Country Zip Country  
24 25 29 **32091** 30 **US**

3. Date Incorporated or Qualified **05/19/1970** 3a. Date of Last Report **04/28/1995**  
4. FEI Number **59-1533026** 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

9. Name and Address of Current Registered Agent  
**BIZIER, CLERMONT  
2468 BEGONIA DR.  
MIDDLEBURG FL 32068**

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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when re-appointing)

12. OFFICERS AND DIRECTORS

|                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| TITLE           | <b>S</b>                 | <input type="checkbox"/> DELETE |
| NAME            | <b>BIZIER, DENISE A.</b> |                                 |
| STREET ADDRESS  | <b>2468 BEGONIA DR.</b>  |                                 |
| CITY - ST - ZIP | <b>MIDDLEBURG FL</b>     |                                 |
| TITLE           | <b>P</b>                 | <input type="checkbox"/> DELETE |
| NAME            | <b>BIZIER, CLERMONT</b>  |                                 |
| STREET ADDRESS  | <b>2468 BEGONIA DR.</b>  |                                 |
| CITY - ST - ZIP | <b>MIDDLEBURG FL</b>     |                                 |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 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           | <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 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: *Clermont Bizier* **CLERMONT BIZIER** 2/22/96 904-282-2432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)