

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730954 (5)  
1. Corporation Name

LAKE SHARON INCORPORATED



Principal Place of Business: #1 KATHY LANE LAKE SHARON ESTATES FREEPORT FL 32439-6730  
Mailing Address: #1 KATHY LANE LAKE SHARON ESTATES FREEPORT FL 32439-6730

3. Date Incorporated or Qualified: 10/25/1974  
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1576735  
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: MERKEL, CHUCK J, 23 KATHY LANE, FREEPORT FL 32439  
10. Name and Address of New Registered Agent: 81 Name: George Gallagher, 82 Street Address: 7 Darrell Court, 83, 84 City: Freeport, FL, 85 Zip Code: 32439

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: George B. Gallagher (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MERKEL, CHUCK	1.1 TITLE: PD	NAME: GEORGE GALLAGHER
STREET ADDRESS: 23 KATHY LN.	CITY-ST-ZIP: FREEPORT, FL 00000	1.2 NAME: GEORGE GALLAGHER	1.3 STREET ADDRESS: 7 Darrell Court
	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP: Freeport, Fl. 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: GALLAGHER, GEORGE	2.1 TITLE: VD	NAME: FRANCIS MCKINNEY
STREET ADDRESS: 7 DARRELL COURT	CITY-ST-ZIP: FREEPORT FL	2.2 NAME: FRANCIS MCKINNEY	2.3 STREET ADDRESS: 12 Darrell Court
	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP: Freeport, Fl. 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	NAME: ROBERSON, ANNE	3.1 TITLE:	NAME:
STREET ADDRESS: 7 PETERS COURT	CITY-ST-ZIP: FREEPORT, FL 00000	3.2 NAME:	3.3 STREET ADDRESS:
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	NAME: STEFANIK, BONNIE	4.1 TITLE:	NAME:
STREET ADDRESS: 12 HICKORY LANE	CITY-ST-ZIP: FREEPORT FL	4.2 NAME:	4.3 STREET ADDRESS:
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: BECKER, KEN	5.1 TITLE:	NAME:
STREET ADDRESS: 3 GNE COURT	CITY-ST-ZIP: FREEPORT FL	5.2 NAME:	5.3 STREET ADDRESS:
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: NISBIT, FLORENCE	6.1 TITLE:	NAME:
STREET ADDRESS: 7 KATHY LANE	CITY-ST-ZIP: FREEPORT FL	6.2 NAME:	6.3 STREET ADDRESS:
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George B. Gallagher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: Daytime Phone #:

CR2E037 (12/95)