FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **J35024** **(5)**

1. Corporation Name
LAKE REGION REALTY COMPANY

Principal Place of Business	Mailing Address
~~6700 S. FLORIDA AVE --~~ ~~STE. #6~~ ~~LAKELAND FL 33813~~ US	~~P O BOX 6428 --~~ ~~LAKELAND FL 33807-6428~~ US

3. Date Incorporated or Qualified: **09/25/1986**	3a. Date of Last Report: **02/23/1996**
4. FEI Number: **59-3107434**	☐ 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	2a. Mailing Address
21 6700 South Florida Avenue	26 P O Box 6816
Suite, Apt. #, etc. 22 Suite #11	Suite, Apt. #, etc. 27
City & State 23 Lakeland, Florida	City & State 28 Lakeland, Florida
Zip 24 33813 Country 25 USA	Zip 29 33807 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ELLSWORTH, W. WM. JR.~~ ~~6700 S. FLORIDA AVE.~~ ~~STE. #6 --~~ ~~LAKELAND FL 33813 --~~	81 Name: Michael G. Benjamin 82 Street Address (P.O. Box Number is Not Acceptable): 6700 South Florida Avenue 83 Suite #11 84 City: Lakeland, FL 85 Zip Code: 33813

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: Michael G. Benjamin (Type or Print Name and Title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE: March 18, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: ~~P~~	☐ DELETE	11 TITLE: VP/D	☒ Change	☒ Addition
NAME: ELLSWORTH, W., WM, JR.		12 NAME		
STREET ADDRESS: 6700 S. FLORIDA AVE., #6		13 STREET ADDRESS		
CITY-ST-ZIP: LAKELAND FL 33813		14 CITY-ST-ZIP		
TITLE: ~~S~~	☐ DELETE	21 TITLE: S/D	☒ Change	☒ Addition
NAME: KAVNEY, LINDA		22 NAME		
STREET ADDRESS: 6700 S. FLORIDA AVE., #6		23 STREET ADDRESS		
CITY-ST-ZIP: LAKELAND FL 33813		24 CITY-ST-ZIP		
TITLE: ~~VPD~~	☒ DELETE	31 TITLE	☐ Change	☐ Addition
NAME: ~~ELLSWORTH, DORIS W~~		32 NAME		
STREET ADDRESS: ~~6700 S FLORIDA AVE #6~~		33 STREET ADDRESS		
CITY-ST-ZIP: ~~LAKELAND FL --~~		34 CITY-ST-ZIP		
TITLE	☐ DELETE	41 TITLE: P/D	☐ Change	☒ Addition
NAME		42 NAME: Michael G. Benjamin		
STREET ADDRESS		43 STREET ADDRESS: 6700 S. Florida Avenue , Suite #11		
CITY-ST-ZIP		44 CITY-ST-ZIP: Lakeland, FL 33813		
TITLE	☐ DELETE	51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	☐ DELETE	61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Michael G. Benjamin 3/18/97 (941) 619-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael G. Benjamin President