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 # **N11116** **(3)**

1. Corporation Name

LAKES EDUCATION/ACTION DRIVE, INC.

Principal Place of Business	Mailing Address
%WILLIAM V. FENTON, JR. ~~41 LAKE MORTON DR.~~ ~~LAKELAND FL 33801~~	%WILLIAM V. FENTON, JR. ~~41 LAKE MORTON DR.~~ ~~LAKELAND FL 33801~~

3. Date Incorporated or Qualified: 09/17/1985
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business
21: 2300 NEW JERSEY RD.
22 Suite, Apt. #, etc.:
23 City & State: LAKELAND, FL
24 Zip: 33803
25 Country: USA

2a. Mailing Address
26: P.O. BOX 1551
27 Suite, Apt. #, etc.:
28 City & State: LAKELAND, FL
29 Zip: 33802-1551
30 Country: USA

4. FEI Number: 59-2741774 ☐ 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

FENTON, WILLIAM V. JR.
~~41 LAKE MORTON DR.~~
~~LAKELAND FL 33801~~
2300 NEW JERSEY RD.
LAKELAND, FL 33803

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2300 NEW JERSEY ROAD
83:
84 City: LAKELAND FL 85 Zip Code: 33803

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 617.0505, Florida Statutes.

SIGNATURE: William V. Fenton Jr. WILLIAM V. FENTON, JR. 7-16-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARBSMEIER, CURT		1.2 NAME		
STREET ADDRESS	92 LAKEWIRE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	~~BRITT, MIKE~~		2.2 NAME	GLECKLER, DOUGLAS P.	
STREET ADDRESS	~~550 SW 7TH STREET~~		2.3 STREET ADDRESS	1825 GLENDALE STREET	
CITY-ST-ZIP	~~WINTER HAVEN FL~~		2.4 CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	TD	☑ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	~~HALL, EVA MARIE~~		3.2 NAME	JENNINGS, THOMAS E.	
STREET ADDRESS	~~811 E. MAIN STREET~~		3.3 STREET ADDRESS	TWO EAST LAKE HOWARD DRIVE	
CITY-ST-ZIP	~~LAKELAND FL~~		3.4 CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAFER, DAVID B.		4.2 NAME		
STREET ADDRESS	1700 HWY 17 SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Thomas E. Jennings Thomas E. Jennings 02-21-96 941-294-3568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #