SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # N11116 (3)

1. Corporation Name

LAKES EDUCATION/ACTION DRIVE, INC.

Principal Place of Business	Mailing Address
2300 NEW JERSEY RD LAKELAND FL 33803 US	PO BOX 1551 LAKELAND FL 33802-1551 US

3. Date Incorporated or Qualified: 09/17/1985

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FENTON, WILLIAM V. JR.
2300 NEW JERSEY ROAD
LAKELAND FL 33803

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	210 LAKE HARRIS DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	SCHWARTZ, CHERYL		2.2 NAME	
STREET ADDRESS	2191 BEAR ISLAND RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	JENNINGS, THOMAS E.		3.2 NAME	
STREET ADDRESS	TWO EAST LAKE HOWARD DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881-3153		3.4 CITY-ST-ZIP	
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		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ENGLE, WALT		5.2 NAME	
STREET ADDRESS	92 LAKE WIRE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL		5.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GARRITY, RICHARD D.		6.2 NAME	
STREET ADDRESS	3804 COCONUT PALM DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33619		6.4 CITY-ST-ZIP	

CR2E037 (5/98)

14. I 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 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 7/21/98 (941) 294-3381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #