

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:31

DOCUMENT # N11855 (6)

1. Corporation Name
LAKE LUCIEN EXECUTIVE CENTER, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| % JOSEPH J GARDNER 2487 ALOMA AVE WINTER PARK FL 32792 | % JOSEPH J GARDNER 2487 ALOMA AVE WINTER PARK FL 32792 |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/01/1985 | 3a. Date of Last Report 02/15/1994 |
| 4. FEI Number 59-2765278 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**GARDNER, JOSEPH J
2487 ALOMA AVE
WINTER PARK 32792**

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 signature required when reinstating.

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------|
| TITLE | PD |
| NAME | GARDNER, JOSEPH J |
| STREET ADDRESS | 2487 ALOMA AVE |
| CITY - ST - ZIP | WINTER PARK FL |
| TITLE | D |
| NAME | RUSSELL, RICHARD F |
| STREET ADDRESS | ONE AMERICAN ROW |
| CITY - ST - ZIP | HARTFORD CT |
| TITLE | STD |
| NAME | BLAKELY, EUGENE C |
| STREET ADDRESS | 2201 LUCIEN WAY |
| CITY - ST - ZIP | MAITLAND FL |
| TITLE | D |
| NAME | JUSTICE, ALBERT N |
| STREET ADDRESS | 19329 US 19 N #100 |
| CITY - ST - ZIP | CLEARWATER FL |
| TITLE | D |
| NAME | DEAN, DENNIS |
| STREET ADDRESS | 600 CLEVELAND ST #900 |
| CITY - ST - ZIP | CLEARWATER FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 2 4 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: Joseph J Gardner
SIGNATURE AND FILED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/95