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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:13

DOCUMENT # **N20393** (7)
1. Corporation Name
LEMON BAY PLAYHOUSE, INC.

Principal Place of Business Mailing Address
**353 W DEARBORN ST
ENGLEWOOD FL 34223
US** **P O BOX 124
ENGLEWOOD FL 34295**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1987	3a. Date of Last Report 04/12/1994
4. FEI Number 59-2803975	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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent HYATT, PAUL 150 ENGLEWOOD RD #84 ENGLEWOOD FL 34223	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
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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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HYATT, PAUL	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 150 ENGLEWOOD RD #84	CITY-ST-ZIP ENGLEWOOD FL	1.2 NAME SCUDDER, JEAN	1.3 STREET ADDRESS 12 STONE MOUNTAIN BLVD
TITLE SD	NAME WELTER, PAULA	2.1 TITLE V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9410A TACOMA AVE	CITY-ST-ZIP ENGLEWOOD FL	2.2 NAME MESTA, JOE	2.3 STREET ADDRESS 414 BRAVADO
TITLE VD	NAME MESTA, JOE	3.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 414 BRAVADO	CITY-ST-ZIP NORTH PORT FL	3.2 NAME ROBINSON, A. J.	3.3 STREET ADDRESS 3550 CAKE TERRACE
TITLE D	NAME CORN, RITA	4.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2055 FORKED CREEK DR	CITY-ST-ZIP ENGLEWOOD FL	4.2 NAME HYATT, PAUL	4.3 STREET ADDRESS 150 OLD ENGLEWOOD RD #84
TITLE TD	NAME SCUDDER, JEAN	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12 STONE MTN BLVD	CITY-ST-ZIP ENGLEWOOD FL	5.2 NAME CORN, RITA	5.3 STREET ADDRESS 2055 FORKED CREEK DR
TITLE D	NAME ROBINSON, A. J.	6.1 TITLE WELTER, PAULA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3550 CAKE TERRACE	CITY-ST-ZIP NORTH PORT FL	6.2 NAME 11972 HELICON AVE	6.3 STREET ADDRESS PORT CHARLOTTE FL 33981

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 118.07(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: Paul W. Hyatt 3-15-95 475-3466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR