FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000078734 (5) DOCUMENT # 1. Corporation Name

POR OF LAKE COUNTY INC

FILED Apr 20 1998 8:00am Secretary of State

I DR O	F BARE COUNTY, INC.				
Principal Plac	e of Business	Mailing Address		T TEBRURAS UNI TRUIT PREST BOSIN MOTIN MOTIN MOTIS LOGIS TRUIS CONDE LIGIT BALL HOLI	
3842U THUBERLAND DR.		30100 TIMBEBLAND DR.			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 09/10/1997	
	lace of Business	2a. Mailing Address	10.1	4. FEI Number . Applied For	
21 300	1 HWY 19 A	26 3001 Hu	N 19A	59-3467756 Not Applicab	ole
Suite, Apt	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.	7	5. Certificate of Status Desired \$8.75 Additional	
22 MT		27 MT. Dor	a	Fee Required	
City & State	e ,	City & State		6. Election Campaign Financing \$5.00 May Be	
E0		28	0	Trust Fund Contribution	
^{Zip} 3ン7		29 32757 3	Country 0 45A	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
LOWRY, ARCHIE O JR. 81 Name					ŀ
POTTER, CLEMENT AND LOWRY			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	B E. 5TH AVE.				
MO	OUNT DORA FL 32757		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.					
	m ramiliar with, and accept the obligati	ons of, Section 607.0505, Fiori	da Statutes.		
SIGNATURE	Signature, typind or printed harne of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstaling) DATE	-
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	一
THLE	D	DELETE	1.1 TITLE	Change Additio	วก
NAME	ABRAHAMSON, PAUL		1.2 NAME		- 1
STREET ADDRESS	38420 TIMBERLAND DR.		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	UMATILLA FL 32785		1.4 CITY-ST-ZIP		-
THLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Additio	n
NAME	MCGRATH, KENNETH J		2.2 NAME		
STREET ADDRESS	1755 MORNINGSIDE DR.		2 3 STREET ADDRESS		- 1
CITY-SI-ZIP	MOUNT DORA FL 32757		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Additio	ın
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP			3 4. CITY - ST - ZIP		\Box
TITLE		☐ DELETE	4.1 TITLE	Change Additio	IN
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DETE1E	5.1 TITLE	Change Additio	n
NAME			5.2 NAME		- 1
STREET ADDHESS			5.3 STREET ADDRESS		- 1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		_
TITLE		L. DELETE	6.1 TITLE	Change Additio	u
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		- [
CITY-ST-ZIP	estifushed the information and Park City	4) = 10 = 4 = 104 . f = 4	6 4 CITY-ST-ZIP	C	\sqcup

nereby 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 tho 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