

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 237056

(7)

95 JUL -5 AM 9:06

1. Corporation Name

LAKE PLACID PUBLISHING CO

SECRET FLORIDA STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
232 N. MAIN ST. LAKE PLACID FL 33852		232 N. MAIN ST. LAKE PLACID FL 33852	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/31/1960	07/25/1994
State, Apt. # etc.	State, Apt. # etc.	4. FEI Number	Applied For Not Applicable
22	27	59-1001732	
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
05/31/1960	07/25/1994
4. FEI Number	Applied For Not Applicable
59-1001732	
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. This corporation has liability for delinquency fee under 610.10(2), Florida Statutes	Yes ☐ No ☐

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DELANEY, LEMONTE 232 NORTH MAIN STREET LAKE PLACID FL 33852		01 Name	
		02 Street Address (P.O. Box Number is Not Acceptable)	
		03	
		04 City	
		FL 05 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 _____
Agent, Trustee or other officer or registered agent of the corporation

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
NAME	DELANEY, LAMONTE	1. TITLE	
STREET ADDRESS	232 N MAIN ST	2. NAME	
CITY, ST, ZIP	LAKE PLACID, FL 00000	3. STREET ADDRESS	
TITLE	PVD	4. CITY, ST, ZIP	
NAME	DELANEY, CONSTANCE M	5. TITLE	
STREET ADDRESS	232 N MAIN ST	6. NAME	
CITY, ST, ZIP	LAKE PLACID, FL 00000	7. STREET ADDRESS	
TITLE	D	8. CITY, ST, ZIP	
NAME	DELANEY, ROBERT MATHEW	9. TITLE	
STREET ADDRESS	232 N. MAIN ST.	10. NAME	
CITY, ST, ZIP	LAKE PLACID, FL 00000	11. STREET ADDRESS	
TITLE	D	12. CITY, ST, ZIP	
NAME	DELANEY, MARK LEON	13. TITLE	
STREET ADDRESS	232 N. MAIN ST.	14. NAME	
CITY, ST, ZIP	LAKE PLACID FL	15. STREET ADDRESS	
TITLE	STD	16. CITY, ST, ZIP	
NAME	EBERSOLE, KAYE DELANEY	17. TITLE	
STREET ADDRESS	232 N. MAIN ST.	18. NAME	
CITY, ST, ZIP	LAKE PLACID FL	19. STREET ADDRESS	
TITLE	D	20. CITY, ST, ZIP	
NAME	STAIK, MARY M. DELANEY	21. TITLE	
STREET ADDRESS	232 N. MAIN ST.	22. NAME	
CITY, ST, ZIP	LAKE PLACID FL	23. STREET ADDRESS	
		24. CITY, ST, ZIP	

14. I, _____, certify that the information provided with this filing is voluntarily furnished and claimed as such by the corporation stated in Section 119.02(3)(a), Florida Statutes. I further certify that the information submitted on this report is true and accurate and that my corporation shall begin the same upon the filing of this report. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears on Block 1, or Block 13, of report or on an attachment with my signature.

SIGNATURE: *Lamonte Delaney* 6/28/95 813-465-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR