

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90086 022 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 237056

1. Corporation Name

LAKE PLACID PUBLISHING CO

Principal Place of Business

**232 N. MAIN ST.
LAKE PLACID FL 33852**

Mailing Address

**232 N. MAIN ST.
LAKE PLACID FL 33852**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1960

4. FEI Number

59-1001732

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **24** Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

30

9. Name and Address of Current Registered Agent

**DELANEY, LEMONTE
232 NORTH MAIN STREET
LAKE PLACID FL 33852**

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 *[Signature]*
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DELANEY, LAMONTE**
STREET ADDRESS **232 N MAIN ST**
CITY-ST-ZIP **LAKE PLACID, FL 00000**

TITLE **PVD** ☐ DELETE
NAME **DELANEY, CONSTANCE M**
STREET ADDRESS **232 N MAIN ST**
CITY-ST-ZIP **LAKE PLACID, FL 00000**

TITLE **D** ☐ DELETE
NAME **DELANEY, ROBERT MATHEW**
STREET ADDRESS **232 N. MAIN ST.**
CITY-ST-ZIP **LAKE PLACID, FL 00000**

TITLE **D** ☐ DELETE
NAME **DELANEY, MARK LEON**
STREET ADDRESS **232 N. MAIN ST.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **STD** ☐ DELETE
NAME **EBERSOLE, KAYE DELANEY**
STREET ADDRESS **232 N. MAIN ST.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **D** ☐ DELETE
NAME **STAIK, MARY M. DELANEY**
STREET ADDRESS **232 N. MAIN ST.**
CITY-ST-ZIP **LAKE PLACID FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

Daytime Phone #

944 465-2522

CR2E034 (11/98)