## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (7)LANCASTER CORPORATION. Principal Place of Business Mailing Address HYMEN LAKE HYMEN LAKE 7388 CHANCERY LANE 7388 CHANCERY LANE ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1961 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 59-0969800 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LAKE.HYMEN 7388 CHANCERY LN 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32809 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change 1.1 TITLE TITLE LAKE, HYMEN 1.2 NAME NAME 7388 CHANCERY LANE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO, FL 00000 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change TITLE 21 TITLE LAKE, HARRIETT NAME 2.2 NAME 7388 CHANCERY LANE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO, FL 00000 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP ☐ DELETE Addition 6.1 TITLE Change TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

SIGNATURE:

NAME

STREET ADDRESS

GNATURE AND VOID ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 8, 1998

Daytime Phone # 0100928