

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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 248718 (9)  
1. Corporation Name  
LAKE BONNY PROPERTIES INC

Principal Place of Business	Mailing Address
6700 S FLORIDA AVE #1 LAKELAND FL 33813 US	P.O. BOX 6420 LAKELAND FL 33807 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 P O Box 7220		06/23/1961	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 Lakeland, FL		59-0948253	
24 Zip		29 33807		5. Certificate of Status Desired	
25 Country		30 US		8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				X Yes [ ] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ELLSWORTH, JR., W WM.- 6700 S. FLORIDA AVE- STE #6 - LAKELAND FL-33813 -				81 Name E. C. HORD			
				82 Street Address (P.O. Box Number is Not Acceptable) 164 Bonny Shores Drive			
				83			
				84 City Lakeland, FL			
				85 Zip Code 33801			

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 E. C. HORD January 15, 1998  
NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	[X] DELETE		1.1 TITLE	P	[X] Change [X] Addition	
NAME	ELLSWORTH JR, W WM			1.2 NAME	E. C. HORD		
STREET ADDRESS	8700 S. FLORIDA AVE, #6			1.3 STREET ADDRESS	164 BONNY SHORES DRIVE		
CITY-ST-ZIP	LAKELAND FL-33813			1.4 CITY-ST-ZIP	LAKELAND, FL 33801		
TITLE	STD	[ ] DELETE		2.1 TITLE		[ ] Change [ ] Addition	
NAME	CHILES, RHEA G.			2.2 NAME			
STREET ADDRESS	607 6TH AVENUE EAST			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303			2.4 CITY-ST-ZIP			
TITLE	VD	[ ] DELETE		3.1 TITLE	VD	[X] Change [X] Addition	
NAME	WADSWORTH, SUSAN M.- C.			3.2 NAME	SUSAN C. WADSWORTH		
STREET ADDRESS	706 S RIDE			3.3 STREET ADDRESS	706 S. RIDE		
CITY-ST-ZIP	TALLAHASSEE FL 32303			3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303		
TITLE	X	[X] DELETE		4.1 TITLE	VD	[X] Change [X] Addition	
NAME	X			4.2 NAME	S. M. ELLSWORTH		
STREET ADDRESS	X			4.3 STREET ADDRESS	6700 S. FLORIDA AVENUE, STE #1		
CITY-ST-ZIP	X			4.4 CITY-ST-ZIP	LAKELAND, FL 33813		
TITLE		[ ] DELETE		5.1 TITLE		[ ] Change [ ] Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		[ ] DELETE		6.1 TITLE		[ ] Change [ ] Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: E. C. HORD REQUIRED

January 15, 1998 941-665-0640

CR2E034 (10/97)