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Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 305707 (2)
1. Corporation Name
LAKE IOLA ESTATES INC



Principal Place of Business Mailing Address
32631 LOUIS AVE S R52 32631 LOUIS AVE S R52
P.O. BOX 16 P.O. BOX 16
SAN ANTONIO FL 33576-0016 SAN ANTONIO FL 33576-0016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 P.O. BOX 16 26 P.O. BOX 16 -
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 33009 McCABE RD 27 33009 McCABE RD
City & State City & State
23 SAN ANTONIO, FLA 28 SAN ANTONIO, FLA
Zip Country Zip Country
24 33576 25 PASCO 29 33576 30 PASCO

3. Date Incorporated or Qualified
06/03/1966
4. FEI Number 59-1142496 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SUMNER, ROBERT D
14150 - 6TH STREET
DADE CITY FL 33525
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SUMNER, DENNIS E.
STREET ADDRESS P.O. BOX 218 SCHARBER RD
CITY-ST-ZIP SAN ANTONIO FL
TITLE ST
NAME JONES, J. RALPH
STREET ADDRESS BOX 16 32631 S.R. 52
CITY-ST-ZIP SAN ANTONIO FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD J. RALPH JONES
1.2 NAME
1.3 STREET ADDRESS P.O. BOX 16, 33009 McCABE RD
1.4 CITY-ST-ZIP SAN ANTONIO, FLA 33576
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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.

SIGNATURE

CR2E034 (10/97)