

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 02 1997 8:00am
Secretary of State

DOCUMENT # 351074 (0)

1. Corporation Name
LAGOON PARK INC

Principal Place of Business

914 VILLA LAGOON DR.
TAVARES FL 32778-9368

Mailing Address

914 VILLA LAGOON DR.
TAVARES FL 32778-2368



2. Principal Place of Business		2a. Mailing Address	
21	910 VILLA LAGOON DR.	26	910 VILLA LAGOON DR.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	TAVARES, FL	27	TAVARES, FL
City & State		City & State	
23	32778-2368	28	32778-2368
Zip		Zip	
24		29	
Country		Country	
25	LAKC	30	LAKC

3. Date Incorporated or Qualified	3a. Date of Last Report
08/21/1969	03/01/1996
4. FEI Number	Applied For
59-1286676	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WARNE, ARLENE D 914 VILLA LAGOON DRIVE TAVARES FL 32778		CHARLES E (ED) SOMMERS JR 910 VILLA LAGOON DRIVE TAVARES FL 32778-2368	
81 Name		85 Zip Code	
82 Street		FL	
83			
84 City			

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 *Charles E. Sommers Jr.* *March 14, 1997*
NOTE: Registered Agent signature required when instituting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DIRECTOR
NAME	HENGST, RAY	12 NAME	HURST, CLARENCE
STREET ADDRESS	942 VILLA LAGOON DRIVE	13 STREET ADDRESS	918 VILLA LAGOON DRIVE
CITY-ST-ZIP	TAVARES FL	14 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	TSD	21 TITLE	
NAME	WARNE, ARLENE D	22 NAME	
STREET ADDRESS	814 VILLA LAGOON DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	
NAME	DONCHESKI, D. M.	32 NAME	
STREET ADDRESS	938 VILLA LAGOON DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL 00000	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	TSD
NAME	SOMMERS, CHARLES E	42 NAME	SOMMERS, CHARLES E.
STREET ADDRESS	910 VILLA LAGOON DRIVE	43 STREET ADDRESS	910 VILLA LAGOON DR 100
CITY-ST-ZIP	TAVARES, FL 00000	44 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D	51 TITLE	
NAME	LOWELL, CHARLES	52 NAME	
STREET ADDRESS	906 VILLA LAGOON DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: *Charles E. Sommers Jr.* *03/14/97* 352-343-4468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)