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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **351074** **(0)**

1. Corporation Name
LAGOON PARK INC

Principal Place of Business	Mailing Address
910 VILLA LAGOON DR TAVARES FL 32778-2368 US	910 VILLA LAGOON DR TAVARES FL 32778-2368 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1969

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt #, etc. (22) | Suite, Apt #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1286676 ☐ 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

WARNE, ARLENE D
914 VILLA LAGOON DRIVE
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name: CHARLES E. SOMMERS, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 910 VILLA LAGOON DR.
83
84 City: TAVARES FL 85 Zip Code: 32778

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. SEC/PRES Charles E Sommers Jr 03/06/98
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENGST, RAY 942 VILLA LAGOON DRIVE TAVARES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURST, CLARENCE 918 VILLA LAGOON DR TAVARES FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ROBERT HESTER 918 VILLA LAGOON DR TAVARES, FL 32778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DONCHESKI, D. M. 938 VILLA LAGOON DRIVE TAVARES, FL 00000	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD SOMMERS, CHARLES E 910 VILLA LAGOON DRIVE TAVARES, FL 00000	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWELL, CHARLES 906 VILLA LAGOON DRIVE TAVARES FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DV ~~LOWEL~~ CHARLES, LOWELL 906 VILLA LAGOON DRIVE TAVARES ~~FL~~ 32778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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: Charles E Sommers Jr 03/06/98 352-343-4468