# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 7:52

DOCUMENT # 357165 (0)

1. Corporation Name
LAKE LAURIE INC

Principal Place of Business
669 RT 9
CAPE MAY NJ 08204

Mailing Address
669 RT 9
CAPE MAY NJ 08204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1969
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1277869
☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHATLOS, WILLIAM J
710 MIAMI SPGS DR
LONGWOOD FL 32779

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 _____ NOTE: Registered Agent signature required when reinstating DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | S | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | RANDLE,N A | 12 NAME | | |
| STREET ADDRESS | 757 SEASHORE ROAD deceased | 13 STREET ADDRESS | deceased 1/9/94 | |
| CITY-ST-ZIP | CAPE MAY NJ | 14 CITY-ST-ZIP | | |
| TITLE | PD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | RANDLE, KATHRYN | 22 NAME | | |
| STREET ADDRESS | 757 SEASHORE RD | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE MAY, NJ 00000 | 24 CITY-ST-ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kathryn Randle 3/7/95 609-884-3567
SIGNATURE AND TITLE OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484196 FII