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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 376834 (8)
1. Corporation Name
LAKE COUNTY SERVICE CORPORATION



Principal Place of Business
800 NORTH BOULEVARD, WEST
LEESBURG FL 34748

Mailing Address
P.O. BOX 490420
LEESBURG FL 34749-0420
US

3. Date Incorporated or Qualified
02/02/1971

3a. Date of Last Report
03/12/1996

4. FEI Number
59-1346636

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

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

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

9. Name and Address of Current Registered Agent
KURTZ, STEPHEN T.
34035 PARK LANE
LEESBURG FL 34788

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D	NAME	JUNOD, JOSEPH J.	STREET ADDRESS	9906 CR 114-A	CITY - ST - ZIP	WILDWOOD, FL 00000
TITLE	S	NAME	RUTSCHOW, SANDRA L.	STREET ADDRESS	#3 SPRING CT., THE SPRGS	CITY - ST - ZIP	YALAHUA FL
TITLE	P	NAME	KURTZ, STEPHEN T.	STREET ADDRESS	34035 PARK LANE	CITY - ST - ZIP	LEESBURG, FL 00000
TITLE	V	NAME	HART, DWIGHT L.	STREET ADDRESS	27 COVE LANE	CITY - ST - ZIP	EUSTIS FL
TITLE	D	NAME	HERLONG, JAMES H	STREET ADDRESS	6526 N SILVER LAKE DR	CITY - ST - ZIP	LEESBURG, FL 00000
TITLE	T	NAME	MUELLER, PAUL K	STREET ADDRESS	604 BANNING BEACH ROAD	CITY - ST - ZIP	TAVARES, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/97 (352) 787-3311

Date

Daytime Phone #

0466268

CR2E034 (9/96)