

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1995 8-2-95

B-8034-C

FILED

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # 543630

(8)

1. Corporation Name

LAKEFRONT HARVESTING COMPANY, INC.

Principal Place of Business

Mailing Address

S. KISSIMMEE AVENUE
OCOE FL 32761

S. KISSIMMEE AVENUE
OCOE FL 32761

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/23/1977

08/22/1994

4. FEI Number

Applied For

59-1761637

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. The corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 440 N. DILLARD ST.

26 P O BOX 770454

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WINTER GARDEN, FL

28 WINTER GARDEN, FL

Zip

Country

Zip

Country

24 34787

25 ORANGE

29 34777

30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNGBLOOD, BILLY C.
15 S. KISSIMMEE AVENUE
OCOE FL 34761

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

440 N. DILLARD ST.

83

84 City

WINTER GARDEN

FL

85 Zip Code

34787

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	YOUNGBLOOD, ELEMER G
STREET ADDRESS	9155 BAY POINTE DRIVE
CITY - ST - ZIP	WINDERMERE FL
TITLE	STD
NAME	YOUNGBLOOD, BILLY C
STREET ADDRESS	100 5TH AVE & BUTLER ST
CITY - ST - ZIP	WINDERMERE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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)(b), 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:

Billy C. Youngblood

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/96

(Date)

(Typed Name)