

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

97 JUL 24 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # 550796 (7)  
 1. Corporation Name  
 LAKE'S UNIFORMS, INC.



Principal Place of Business: 1712 PARK AVE. ORANGE PARK FL 32073 US  
 Mailing Address: 3365 DOCTORS LAKE DRIVE ORANGE PARK FL 32065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)  
 22. City & State  
 23. Zip  
 24. Country

3. Date Incorporated or Qualified: 11/07/1977  
 3a. Date of Last Report: 04/15/1996  
 4. FEI Number: 59-1776341  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$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

g. Name and Address of Current Registered Agent  
 LAKE, LLOYD JAMES  
 3365 DOCTORS LAKE DR.  
 ORANGE PARK FL 32073

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LAKE, PATRICIA V	1.2 NAME	
STREET ADDRESS	3365 DOCTORS LAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	LAKE, LLOYD LESLIE	2.2 NAME	
STREET ADDRESS	8163 PINEVERDE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	SULLIVAN, LISA	3.2 NAME	
STREET ADDRESS	2446 NW 15TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VST	4.1 TITLE	
NAME	LAKE, LLOYD J	4.2 NAME	
STREET ADDRESS	3365 DOCTORS LAKE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \*\*\*\*165.00 \*\*\*\*165.00

8/29/28

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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: \_\_\_\_\_ DATE: 15 JULY 97

CR2E034 (4/97)