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

APPROVED AND FILED
95 MAR 14 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 572431 (5)

1. Corporation Name
LAKE PICKETT PROPERTIES, INC.

Principal Place of Business	Mailing Address
110 E. BROADWAY P.O. BOX 789 OVIEDO FL 32765 US	1109 E. BROADWAY P.O. BOX 789 OVIEDO FL 32765 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1978
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
26 110 E. BROADWAY
Suite, Apt. #, etc.
27 BOX 789
City & State
28 OVIEDO, FLA.
Zip 29 32765 Country 30 USA

4. FEI Number: 59-1826194 ☐ 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

EVANS, CHARLES W
112 E. BROADWAY
BOX 789
OVIEDO FL 32765

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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WHEELER, BENJAMIN F. III	1.2 NAME	
STREET ADDRESS	110 E. BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, GEORGE	2.2 NAME	
STREET ADDRESS	110 E. BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRUCE, MIRIAM	3.2 NAME	
STREET ADDRESS	110 E. BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, JOHN W. JR.	4.2 NAME	
STREET ADDRESS	110 E. BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	☑ Change ☐ Addition
NAME	EVANS, ARTHUR FRANK	5.2 NAME	
STREET ADDRESS	218 E BROADWAY	5.3 STREET ADDRESS	110 E. BROADWAY
CITY-ST-ZIP	OVIEDO, FL 00000	5.4 CITY-ST-ZIP	OVIEDO, FL. 32765
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, CHARLES W.	6.2 NAME	
STREET ADDRESS	110 E. BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	6.4 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)(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 W. Evans 3-10-95 407-365-6671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES W. EVANS

0043269 CP