

*** FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

**110 E BROADWAY
P O BOX 789
OVIEDO FL 32765
US**



2. Principal Place of Business

2a. Mailing Address

21 **110 E. BROADWAY**

26 **110 E. BROADWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P.O. Box 620789**

27 **P.O. Box 620789**

City & State

City & State

23 **OVIEDO, FL**

28 **OVIEDO, FLA**

Zip

Country

Zip

Country

24 **32762** 25 **USA**

29 **32762** 30 **USA**

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/18/1978

3a. Date of Last Report
03/14/1995

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

10. Name and Address of New Registered Agent

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

81 Name

EVANS, CHARLES W.

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

110 EAST BROADWAY

83 City

P.O. Box 620789

84 Zip Code

OVIEDO

FL

32762

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]

Signature typed or printed name of registered agent (a) (2) (b) (1)

5-3-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WHEELER, BENJAMIN F. III	
STREET ADDRESS	110 E. BROADWAY	
CITY - ST - ZIP	OVIEDO FL	
TITLE	D	☐ DELETE
NAME	MARTIN, GEORGE	
STREET ADDRESS	110 E. BROADWAY	
CITY - ST - ZIP	OVIEDO FL	
TITLE	D	☐ DELETE
NAME	BRUCE, MIRIAM	
STREET ADDRESS	110 E. BROADWAY	
CITY - ST - ZIP	OVIEDO FL	
TITLE	PD	☐ DELETE
NAME	EVANS, JOHN W. JR.	
STREET ADDRESS	110 E. BROADWAY	
CITY - ST - ZIP	OVIEDO FL	
TITLE	DT	☐ DELETE
NAME	EVANS, ARTHUR FRANK	
STREET ADDRESS	110 E BROADWAY	
CITY - ST - ZIP	OVIEDO, FL 00000	
TITLE	D	☐ DELETE
NAME	EVANS, CHARLES W.	
STREET ADDRESS	110 E. BROADWAY	
CITY - ST - ZIP	OVIEDO FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY - ST - ZIP	
29. TITLE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. CITY - ST - ZIP	
33. TITLE	☐ Change ☐ Addition
34. NAME	
35. STREET ADDRESS	
36. CITY - ST - ZIP	
37. TITLE	☐ Change ☐ Addition
38. NAME	
39. STREET ADDRESS	
40. CITY - ST - ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
45. TITLE	☐ Change ☐ Addition
46. NAME	
47. STREET ADDRESS	
48. CITY - ST - ZIP	
49. TITLE	☐ Change ☐ Addition
50. NAME	
51. STREET ADDRESS	
52. CITY - ST - ZIP	
53. TITLE	☐ Change ☐ Addition
54. NAME	
55. STREET ADDRESS	
56. CITY - ST - ZIP	
57. TITLE	☐ Change ☐ Addition
58. NAME	
59. STREET ADDRESS	
60. 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)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-96 407-265-6631

CR2E034 (12/95)