

FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 592009 (5)

1. Corporation Name

LAKESIDE CORP.

**APPROVED
AND
FILED**

95 APR 21 AM 8:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**901 MANDALAY AVE
P.O. BOX 3488
CLEARWATER BCH FL 34630-5488**

**501 MANDALAY AVE
P.O. BOX 3488
CLEARWATER BCH FL 34630-5488**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date of Last Report	
21		26		11/02/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
23		28		03/15/1994	
City & State		City & State		4. FBI Number	
24		29		59-1340867	
Zip		Country		5. Certificate of Status Desired	
25		30		☐ \$6.75 Additional Fee Required	
26		31		☐ \$5.00 May Be Added to Fees	
27		32		6. Election Campaign Financing Trust Fund Contribution	
28		33		☐ Yes ☐ No	
29		34		7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	
30		35		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAUSCH, MICHAEL C
501 MANDALAY AVE-OFFICE
CLEARWATER BEACH FL 33515**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D ☐ Change ☒ Addition
NAME	RAUSCH, MICHAEL C	1.2 NAME	BOURDIN, NOEL
STREET ADDRESS	501 MANDALAY AVE.	1.3 STREET ADDRESS	501 MANDALAY AVENUE
CITY - ST - ZIP	CLEARWATER BCH FL	1.4 CITY - ST - ZIP	CLEARWATER BEACH, FL
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HEADQUARTERS SCHREIBER, KATHERINE	2.2 NAME	
STREET ADDRESS	501 MANDALAY AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER BCH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DUBROW, ELI B.	3.2 NAME	
STREET ADDRESS	501 MANDALAY AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SHAW-KENNEDY, B. JOHN	4.2 NAME	
STREET ADDRESS	501 MANDALAY AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER BCH FL	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, BARBARA	5.2 NAME	
STREET ADDRESS	501 MANDALAY AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER BCH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOSEKWOODSKIR LONIS, LARRY	6.2 NAME	
STREET ADDRESS	501 MANDALAY AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER BCH 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)(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: Barbara A. Baker Secretary

4/17/95 (813) 443-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

BARBARA A. BAKER