FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Daytime Phone #

Sandra B. Mortham

ANN	ual report 1997		Secrel DIVISION OF	tary of Sta CORPOR		NS	Secretary of State			
	MENT # IN Name LAKE, INC.	618963	3 (3)		····) (81)/8 1/8 1/8 1/8 1/8 1/8			1 /4/4 /1881
Principal Plac	re of Rusinese		Mailing Address							
Principal Place of Business 111 S.E. FIRST AVENUE P. O. BOX 23939 GAINESVILLE FL 32601			Mailing Address 111 S.E. FIRST AVENUE P. O. BOX 23939 GAINESVILLE FL 32801-6819			Date Incorporated or Qualified				
							05/01/1979	01/23/1	,	port
2. Principal Place of Business			2a. Mailing Address				4. FEI Number 59-1904310		App	olied For Applicable
Suite Apt. # etc			Suite, Apt. #, etc.					□ \$8		dditionat
City & Stat			27 City S Chats				5. Certificate of Status Desired	F	ee Req	
3 City & Stair	16.1		City & State				Election Campaign Financing Trust Fund Contribution		5.00 N	
Zip	25	Country	Zip 29	30	untry		8. This corporation has liability for	····		
		Address of Curren	t Registered Agent	1001	<u> </u>		10. Name and Address of New R			
	AYTON, JAMES				81	Name				
111 S.E. FIRST AVENUE Gainesville fl. 32801					82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
G/A	INCOVILLE LE G	2001			83		47777 to 41781 - 41791			
					84	City		 85	Zip Co	ode
dd Discount	An also are a significant	16-1	0			•				
office or r	registereo agent, d	or both, in the State.	o! Florida. Such change was	s authorize	ed by t	named cor he corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of chang opt the appointment	ging its ent as re	registered agistered
agent Fa SIGNATURE	ari Rasinnar ya ri, ar	io accept the obliga	ations of, Section 607.0505, F	-lorida Sta	atutes.					
12.	Signature typical or prin	led name of registered arps				signature requ	ulred when reinstating)	DATE		
TITLE	PSD	OFFICERS AND	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFI		CTORS hange	IN 12 Addition
NAME	CLAYTON, JA	AMES E.		ı	NAME				iongo	7,00,11011
STREET ADDRESS	111 S.E. FIR	ST AVENUE		1.3 S	STREET A	DORESS				
CITY SI ZIF	GAINESVILLE	FL		1.4 C	CITY-ST-	ZIP				
TOLE	VD		L) DELETE	2.1 Ť				☐ Cr	nange	Addition
NAME Street address	WILDER, B.J. 10530 N.W. 1				NAME	tonen .	•			
OTY-ST-ZIF	GAINESVILLE				STREFT AI CITY-ST					
TITLE			DELETE	311		- Elt		- D CI	hange	Addition
NAME				32 N	NAME				7	
STREET ADURESS				335	STREET A	DDRESS				
CITY-ST ZIP			Larveye		CITY-ST	- ZIP				
TITLE NAME			L DELETE	4.1 T				<u></u>	nange	Addition
STREET ADORESS					name Street a	nnpree				
CITY-ST-20P					OTY-ST-	i				
TITLE			DELETE	5.1 T				☐ Cr	nange	Addition
NAME.				5.2 N	IAME					
STHEET ADDRESS	!			5.3 S	STREET A	DDRESS				
DITY - ST - ZIP			DECEN		HTY-SI-	ZIP				T
HFLE NAME			L_J DELETE	6.1 Ti 6.2 N					iange	Addition
STREET ADDRESS					HANNE STREET AL	DORESS				
CITY - ST - ZIP				6.4 C	HY-SI-	ZIP				
14. I do herel informatic I am an o appears i	by certify that the on indicated on thi officer or director o on Block 12 or Bloc on Block 12 or Bloc	information supplied s annual report or so f the corporation or ck 13 ff thanged or	I with this filing does not qua opplemental annual report is the acceiver or trustee empo on an attachment with an a	alify for the true and a wered to address	exem accura execut	ption state ate and the te this repo	ed in Section 119.07(3)(i), Florida Statutat at my signature shall have the same leg ort as required by Chapter 607, Florida	es. I further certif al effect as if ma Statutes; and tha	y that th de unde it my na	ie or oath; that me