FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JAN 26 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714301 (9)

1. Corporation Name
LAKEVIEW, INC.

Principal Place of Business	Mailing Address
675 EAST LAKE DRIVE NAPLES FL 33940	675 EAST LAKE DRIVE NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1968
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1802742 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LAYMAN, MARTINE
LAKEVIEW INC., APT. 6
675 E. LAKE DR.
NAPLES FL 33940

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	TD	1.1 TITLE	(S) ☑ Change ☐ Addition
NAME	PETERS, LORENE	1.2 NAME	Priscilla J. Hughes
STREET ADDRESS	470 N. MAPLES ST.	1.3 STREET ADDRESS	621 MAIN ST.
CITY-ST-ZIP	MERCER PA	1.4 CITY-ST-ZIP	Harwichport, MA 02646
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	THARINGER, EDWARD	2.2 NAME	
STREET ADDRESS	6300 W. WISCONSIN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA, WI 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PETERS, W. JOHN	3.2 NAME	
STREET ADDRESS	470 N. MAPLES ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERCER PA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	LAYMAN, MARTINE	4.2 NAME	
STREET ADDRESS	675 E. LAKE DR APT. 6	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JOINER, JOSEPH S	5.2 NAME	
STREET ADDRESS	299 THE BROOKLANDS	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON, OHIO 00000	5.4 CITY-ST-ZIP	$2 1137
TITLE	S D	6.1 TITLE	☐ Change ☐ Addition
NAME	THARINGER, JULIE	6.2 NAME	
STREET ADDRESS	6300 W WISCONSIN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA, WI 00000	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorene Peters Lorene Peters 1/17/95 941-662-5629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001849