

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730954

1. Corporation Name
LAKE SHARON INCORPORATED

Principal Place of Business Mailing Address
#1 KATHY LANE #1 KATHY LANE
LAKE SHARON ESTATES LAKE SHARON ESTATES
FREEPORT FL 32439-6730 FREEPORT FL 32439-6730



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 26 27 28 29 30
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
3. Date Incorporated or Qualified 10/25/1974
4. FEI Number 59-1576735 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

9. Name and Address of Current Registered Agent
MCKINNEY, FRANCIS
12 DARRELL COURT
FREEPORT FL 32439
10. Name and Address of New Registered Agent
81 Name MCKINNEY, FRANCIS
82 Street Address (P.O. Box Number is Not Acceptable) 120 DARRELL COURT
83
84 City FREEPORT FL 85 Zip Code 32439

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETED	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKINNEY, FRANCIS		1.2 NAME MCKINNEY, FRANCIS	
STREET ADDRESS 12 DARRELL COURT		1.3 STREET ADDRESS 120 DARRELL COURT	
CITY-ST-ZIP FREEPORT, FL 00000 32439		1.4 CITY-ST-ZIP FREEPORT, FL 32439	
TITLE VD	DELETED	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOTH, KEITH		2.2 NAME BOOTH, KEITH	
STREET ADDRESS 9 KATHY LANE		2.3 STREET ADDRESS 14 KATHY LANE E.	
CITY-ST-ZIP FREEPORT FL 32439		2.4 CITY-ST-ZIP FREEPORT, FL 32439	
TITLE TD	DELETED	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERSON, ANNE		3.2 NAME ANNE ROBERSON	
STREET ADDRESS 7 PETERS COURT		3.3 STREET ADDRESS 62 PETERS COURT	
CITY-ST-ZIP FREEPORT, FL 00000		3.4 CITY-ST-ZIP FREEPORT, FL 32439	
TITLE SD	DELETED	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MESSER, JEWEL		4.2 NAME MESSER, JEWEL	
STREET ADDRESS 12 KATHY LANE		4.3 STREET ADDRESS 88 KATHY LANE E.	
CITY-ST-ZIP FREEPORT FL 32439		4.4 CITY-ST-ZIP FREEPORT, FL 32439	
TITLE D	DELETED	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OWCZARSKI, GREG		5.2 NAME OWCZARSKI, GREG	
STREET ADDRESS 24 KATHY LANE		5.3 STREET ADDRESS 107 KATHY LANE E.	
CITY-ST-ZIP FREEPORT FL 32439		5.4 CITY-ST-ZIP FREEPORT, FL 32439	
TITLE D	DELETED	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NISBIT, FLORENCE		6.2 NAME SHEFFIELD, BILL	
STREET ADDRESS 7 KATHY LANE		6.3 STREET ADDRESS 101 PETERS COURT	
CITY-ST-ZIP FREEPORT FL		6.4 CITY-ST-ZIP FREEPORT, FL 32439	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Anne Roberson SIGNATURE REQUIRED: ANNE ROBERSON JANUARY 11, 1999 (850) 897-4692

CR2E037 (1/98)