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CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:13

DOCUMENT # 735189 (3)

1. Corporation Name  
**LAKE MONTESSORI, INC.**

Principal Place of Business Mailing Address  
415 N. LEE STREET 415 N. LEE STREET  
LEESBURG FL 34748 LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
03/09/1976 03/31/1994  
4. FEI Number Applied For  
59-1648294 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  
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  
CONNER, TIMOTHY R  
118 N. LEE STREET  
LEESBURG, FL  
34748

10. Name and Address of New Registered Agent  
81 Name **Conner, Timothy R**  
82 Street Address (P.O. Box Number is Not Acceptable) **909 Boyleston St.**  
83  
84 City **Leesburg, FL** FL 85 Zip Code **34748**

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 reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
STD CONNER, SANDRA P 118 LEE STREET LEESBURG, FL 00000  
PD CONNER, TIMOTHY R 118 LEE STREET LEESBURG, FL 00000  
D POPE, BURNETTE 9741 FAIRWAY CR. LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE STD  Change  Addition  
1.2 NAME Conner, Sandra P  
1.3 STREET ADDRESS 909 Boyleston St  
1.4 CITY-ST-ZIP Leesburg, FL 34748  
2.1 TITLE PD  Change  Addition  
2.2 NAME Conner, Timothy R  
2.3 STREET ADDRESS 909 Boyleston St.  
2.4 CITY-ST-ZIP Leesburg, FL 34748  
3.1 TITLE D  Change  Addition  
3.2 NAME Pope, Burnette  
3.3 STREET ADDRESS 9805 Fairway Cr.  
3.4 CITY-ST-ZIP Leesburg, FL 34788  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 118.07(9)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy R. Conner Timothy R. Conner 3/6/95 (904) 787-5333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Number