SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) FLORIDA DEPARTMENT OF STATE NONPROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (1)736401 **DOCUMENT #** LAKESIDE VOLUNTEER FIRE DEPARTMENT, INC. Mailing Address Principal Place of Business NORTH 441 & N.W. 189 ST. BOX 113 NORTH 441 & N.W. 189 ST. BOX 113 **ORANGE LAKE FL 32681 ORANGE LAKE FL 32681** 3a. Date of Last Report 3. Date Incorporated or Qualified 03/06/1995 07/16/1976 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1822508 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 26 8. This corporation has liability for intangible tax under s. 199.032. 23 Country Zip Country Yes No Zip Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent B1 ShockLEY LATEY Street Address (PO. Box Number is Not Acceptable)
9350 - N.W. 2001 St. Rd. 82 SIEBERT, JAMES **HWY 318 W** 63 ORANGE LAKE FL 32681 11. Pursuant to the provisions of Sections 617.0502 and 617, 508. 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. I Arry K Sheattley
(NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/3/6) OFFICERS AND DIRECTORS 13. Change 12. Secretary DELETE 1.1 TITLE Shockley, Kathryn 9350 · Dw 20012 St. Rd. TITLE CR2E037 12 NAME KANAAN, NANCY NAME 6415 W HWY 320 1.3 STREET ADDRESS STREET ADDRESS FL Wicauport MCINTOSH FL 1.4 CITY - ST - ZIP Addition Change CITY-ST-ZIP DELETE 2.1 TITLE DALSON, TANIS 5380-NW 1918 Place TITLE SHOCKLEY, LARRY 22 NAME NAME 2.3 STREET ADDRESS 9350 NW 200 ST RD DRAME LAKE FL 32681 STREET ADDRESS 2.4 CITY - ST - ZIP\_ MICANOPY FL Addition Change CITY-ST-ZIP DELETE 31 TITLE Director TITLE Siebert, JAMES 3.2 NAME PERRY, LAWRENCE NAME P.U. BOX 223, W. Huy, 318 3.3 STREET ADDRESS 21950 N US HWY 441 STREET ADORESS DRAME LAKE FL 32681 3 4. CITY - ST-ZIP MCINTOSH, FL 00000 Addition Change CITY-ST-ZIP DELETE 4.1 TITLE TITLE Shockley, LARRY 4. 2 NAME 9350-10.00. 200 to St. Rd SIEBERT, JAMES NAME P O BOX 223, HWY 318 W N/A 43 STREET ADDRESS STREET ADDRESS Micanopy, F Vice PRESIDENT 4.4 CITY - ST - ZIP ORANGE LK, FL 00000 Addition Change CITY-ST-ZIP DELETE 5.1 TITLE Perry, Lawrence TITLE 5.2 NAME DATSON, TANIS 21950 - No. U.S. Husy. 441 NAME 5.3 STREET ADDRESS 5380 NW 191 PL STREET ADDRESS Me Intosh, FL 32686 54 CITY-ST-ZIP ORANGE LAKE FL Addition Change CITY-ST-ZIP Director DELETE 6.1 TITLE TITLE TEAL, ED 6.2 NAME TEAL, ED 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 oat; that I am an officer or director of the corporation of the receipt or if ustee 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. NAME Box 611

SIGNATURE:

K Shockley

0003308