


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736401 (1)
1. Corporation Name
LAKESIDE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business NORTH 441 & N.W. 189 ST. BOX 113 ORANGE LAKE FL 32681	Mailing Address NORTH 441 & N.W. 189 ST. BOX 113 ORANGE LAKE FL 32681-0113
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1976		3a. Date of Last Report 06/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1822508		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHOCKLEY, LARRY K. 9350-N.W. 200TH ST. RD. MICANOPY FL 32681				10. Name and Address of New Registered Agent			
				81 Name Lawrence PERRY			
				82 Street Address (P.O. Box Number is Not Acceptable) 21950 - N.W. U.S. Hwy 441			
				83			
				84 City McIntosh, FL			
				85 Zip Code 32664			

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 Lawrence Perry Lawrence Perry 5/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KANAAN, NANCY			1.2 NAME	Samuals, EDGAR		
STREET ADDRESS	9350-NW 200TH ST. RD.			1.3 STREET ADDRESS	21479 - NW 57 AVE.		
CITY-ST-ZIP	MICANOPY FL			1.4 CITY-ST-ZIP	McIntosh, FL		
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DATSON, TANIS			2.2 NAME	Tyson, CALVIN		
STREET ADDRESS	5380-NW 191ST PL			2.3 STREET ADDRESS	10925 - W Hwy 318		
CITY-ST-ZIP	ORANGE LAKE FL			2.4 CITY-ST-ZIP	Reedville, FL 32686		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIEBERT, JAMES			3.2 NAME	Weather, William		
STREET ADDRESS	P.O. BOX 223 W. HWY. 318			3.3 STREET ADDRESS	21435 - NW 39th Terrace		
CITY-ST-ZIP	ORANGE LAKE FL			3.4 CITY-ST-ZIP	McIntosh, FL		
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOCKLEY, LARRY			4.2 NAME	Shockley, Larry		
STREET ADDRESS	9350 - N.W. 200TH ST. RD.			4.3 STREET ADDRESS	9350 - N.W. 200th St. Rd		
CITY-ST-ZIP	MICANOPY FL			4.4 CITY-ST-ZIP	McIntosh, FL		
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, LAWRENCE			5.2 NAME	Perry, Lawrence		
STREET ADDRESS	21950-N. U.S. HWY. 441			5.3 STREET ADDRESS	21950 - N. U.S. Hwy 441		
CITY-ST-ZIP	MCINTOSH FL			5.4 CITY-ST-ZIP	McIntosh, FL		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEAL, ED			6.2 NAME	Datson, Tanis		
STREET ADDRESS	BOX 611			6.3 STREET ADDRESS	5380 - NW 191 PLACE		
CITY-ST-ZIP	ORANGE PARK FL			6.4 CITY-ST-ZIP	Orange Lake, FL 32681		

14. I do 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.

SIGNATURE Lawrence Perry 5/1/97

CR2E037 (9/96)