


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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 <b>NORTH 441 &amp; N.W. 189 ST. BOX 113 ORANGE LAKE FL 32681</b>	Mailing Address <b>NORTH 441 &amp; N.W. 189 ST. BOX 113 ORANGE LAKE FL 32681</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/16/1976</b>
4. FEI Number <b>59-1822508</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRY, LAWRENCE**  
**21950-NORTH US HWY 441**  
**MCINTOSH FL 32684**

81 Name <b>James Siebert</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4411 W ST RD 318</b>
83 P.O. Box <b>P.O. Box 223</b>
84 City <b>Orange Lake FL</b>
85 Zip Code <b>32681</b>

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 **James Siebert** **James Siebert P.** **2-27-98**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>D</b>	NAME <b>SAMUELS, EDGAR</b>	STREET ADDRESS <b>21479-NW 57 AVE</b>	CITY-ST-ZIP <b>MCINTOSH FL</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>TYSON, CALVIN</b>	STREET ADDRESS <b>10925-W HWY 318</b>	CITY-ST-ZIP <b>REDDICK FL</b>	<input type="checkbox"/> DELETE
TITLE <b>P</b>	NAME <b>SIEBERT, JAMES</b>	STREET ADDRESS <b>P.O. BOX 223 W. HWY. 318</b>	CITY-ST-ZIP <b>ORANGE LAKE FL</b>	<input type="checkbox"/> DELETE
TITLE <b>VP</b>	NAME <b>SHOCKLEY, LARRY</b>	STREET ADDRESS <b>9350 N.W. 200TH ST. RD.</b>	CITY-ST-ZIP <b>MCINTOSH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>VP</b>	NAME <b>PERRY, LAWRENCE</b>	STREET ADDRESS <b>21950-N. U.S. HWY. 441</b>	CITY-ST-ZIP <b>MCINTOSH FL</b>	<input type="checkbox"/> DELETE
TITLE <b>P</b>	NAME <b>TEAL, ED</b>	STREET ADDRESS <b>BOX 611 Lake</b>	CITY-ST-ZIP <b>ORANGE LAKE FL</b>	<input type="checkbox"/> DELETE

1.1 TITLE <b>D</b>	NAME <b>BILL Wenthers</b>	STREET ADDRESS <b>21435 NW 29th</b>	CITY-ST-ZIP <b>MCINTOSH FLA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE <b>NA</b>	NAME <b>Leslie Snoddy</b>	STREET ADDRESS <b>P.O. Box 407</b>	CITY-ST-ZIP <b>MCINTOSH FLA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE <b>NA</b>	NAME <b>Wayne PUGLIARA</b>	STREET ADDRESS <b>P.O. Box 808</b>	CITY-ST-ZIP <b>Orange Lake FLA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE <b>D</b>	NAME <b>Scott Albright</b>	STREET ADDRESS <b>5500 NW 160st</b>	CITY-ST-ZIP <b>REDDICK FLA 32686</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **James Siebert** **James Siebert** **2-27-98** **352-5917807**

CR2E037 (10/97)