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FILED  
May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 738575 (0)

1. Corporation Name

LOCKLIN LAKE RESTORATION PROJECT, INC.



Principal Place of Business

908  
914 LAKEWOOD DR  
MILTON FL 32570

Mailing Address

908  
914 LAKEWOOD DR  
MILTON FL 32570-4646

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
04/06/1977

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-3025354

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAUER, WILLIAM C.  
914 LAKEWOOD DR.  
MILTON, FL  
MILTON FL 38570

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 DSC  
NAME LAUER, WILLIAM C.  
STREET ADDRESS 914 LAKEWOOD DR.  
CITY-ST-ZIP MILTON FL

DELETE

TITLE DC  
NAME HOLLINGSWORTH, CH  
STREET ADDRESS 311 PARK AVE.  
CITY-ST-ZIP MILTON FL

DELETE

TITLE DT  
NAME CHOATE, CR  
STREET ADDRESS 908 LAKEWOOD DR.  
CITY-ST-ZIP MILTON FL 32570

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DSC  
1.2 NAME Absetz, John C.  
1.3 STREET ADDRESS 615 Lakeshore Drive  
1.4 CITY-ST-ZIP Milton, FL 32570

Change Addition

2.1 TITLE DC  
2.2 NAME Suther, Thomas W.  
2.3 STREET ADDRESS 619 Lakeshore Drive  
2.4 CITY-ST-ZIP Milton, FL 32570

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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.

CR2E037 (9/96)