


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90115 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 738575					
1. Corporation Name LOCKLIN LAKE RESTORATION PROJECT, INC.					
Principal Place of Business 908 LAKEWOOD DR MILTON FL 32570 US			Mailing Address 908 LAKEWOOD DR MILTON FL 32570 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/06/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3025354	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROOKS, KENNETH L. JR. E 202 OAK STREET MILTON FL 32570				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				6839 Caroline Street			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DSC	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DSC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABSETZ, JOHN C			1.2 NAME	Hood, Byron J.		
STREET ADDRESS	615 LAKESHORE DRIVE			1.3 STREET ADDRESS	705 Lakeshore Drive		
CITY-ST-ZIP	MILTON FL			1.4 CITY-ST-ZIP	Milton FL 32570		
TITLE	DC	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DSC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUTHER, THOMAS W			2.2 NAME	Goetzke, Richard W.		
STREET ADDRESS	619 LAKESHORE DRIVE			2.3 STREET ADDRESS	711 Lakeshore Drive		
CITY-ST-ZIP	MILTON FL			2.4 CITY-ST-ZIP	Milton FL 32570		
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHOATE, CR			3.2 NAME			
STREET ADDRESS	908 LAKEWOOD DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MILTON FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Charles A. Ploetz REQUIRED Treasurer April 29, 1999 (850) 623-5570

CR2E037 (11/98)