

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **853703** (7)
1. Corporation Name
LAKE AIRCRAFT, INC.

Principal Place of Business LACONIA AIRPORT LACONIA NH 03246	Mailing Address LACONIA AIRPORT LACONIA NH 03246
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1982	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. 50 AIRPORT RD	4. FEI Number 02-0312950		Applied For Not Applicable	
22. City & State	27. GILFORD, NH	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. 03246	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. USA	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

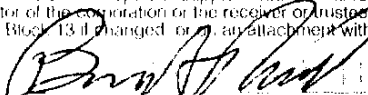
9. Name and Address of Current Registered Agent HAND, RONALD M. P.A. 22 WEST MONUMENT AVENUE KISSIMMEE FL 32741		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1396 GRANDVIEW BLVD.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	KISSIMMEE FL	2.1 TITLE	2.2 NAME
TITLE	BUSSIERE, EMILE R.	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
STREET ADDRESS	15 NORTH ST.	3.1 TITLE	3.2 NAME
CITY - ST - ZIP	MANCHESTER NH	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	RIVARD, SHIRLEY	4.1 TITLE	4.2 NAME
STREET ADDRESS	1396 GRANDVIEW BLVD.	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
CITY - ST - ZIP	KISSIMMEE FL	5.1 TITLE	5.2 NAME
TITLE	VD	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	RIVARD, BRUCE	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	VARNEY PT.	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	GILFORD NH		

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  **BRUCE RIVARD** 3-17-97 603 524 5868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)