

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G14877 (6)**

1. Corporation Name  
**LAKE AREA DEVELOPMENT COMPANY**



Principal Place of Business  
**753 970 SEMINOLE RIDGE ROAD  
PO BOX 370  
MELROSE FL 32666**

Mailing Address  
**753 970 SEMINOLE RIDGE ROAD  
PO BOX 370  
MELROSE FL 32666**

3. Date Incorporated or Qualified: **12/23/1982**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business  
21 **753**  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26 **753**  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

4. FEI Number: **59-2245242**  
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  
**MILLER, C. DOUGLAS  
753 SEMINOLE RIDGE RD.  
MELROSE FL 32666**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent (and title, if applicable) (NOTE: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MILLER, LORALEE W	
STREET ADDRESS	953 SEMINOLE RIDGE RDD	
CITY-ST-ZIP	MELROSE, FL 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MILLER, C DOUGLAS	
STREET ADDRESS	753 SEMINOLE RIDGE RD	
CITY-ST-ZIP	MELROSE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>753 Seminole Ridge Rd.</b>
1.4 CITY-ST-ZIP	<b>32666</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>32666</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Loralee Miller* **Loralee Miller** **4/17/96** **350-3330777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Signature Print Name)

CR2E034 (12/95)