

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H29152 (6)  
1. Corporation Name  
LAKE PLACID ENTyce CORPORATION



Principal Place of Business  
835 U.S. 27 SOUTH  
LAKE PLACID FL 33852

Mailing Address  
835 U.S. 27 SOUTH  
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1105 EVANSTON ST

Suite, Apt. #, etc.

22

City & State

23 SEBRING FL

Zip

24 33870

Country

25 HIGHLANDS

2a. Mailing Address

26 PO BOX 1706

Suite, Apt. #, etc.

27

City & State

28 SEBRING FL

Zip

29 33871

Country

30 HIGHLANDS

3. Date Incorporated or Qualified

11/08/1984

4. FEI Number

59-2476119

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ROLLER, EVELYN R  
835 U.S. 27 SOUTH  
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name

EVELYN P. ROLLER

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

1105 EVANSTON ST

83

84 City

SEBRING

FL

85 Zip Code

33870

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

Signature typed or printed name of Registered Agent and 88-7 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/98

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME ROLLER, JOHN R  
STREET ADDRESS 5800 SR 288  
CITY-ST-ZIP GARLION OH ☒ DELETE

TITLE P  
NAME ROLLER, EVELYN R  
STREET ADDRESS 835 U.S. 27 SOUTH  
CITY-ST-ZIP LAKE PLACID FL ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ALL ☒ Change ☐ Addition  
2.2 NAME ROLLER, EVELYN R.  
2.3 STREET ADDRESS 1105 EVANSTON ST  
2.4 CITY-ST-ZIP SEBRING, FL 33870

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)