

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H33306** (2)

1. Corporation Name
LAKE REGION DEVELOPMENT COMPANY



Principal Place of Business
**C/O L. D. TUCKER
3535 U.S. HWY 17 NORTH
WINTER HAVEN FL 33881-1447**

Mailing Address
**C/O L. D. TUCKER
3535 U.S. HWY 17 NORTH
WINTER HAVEN FL 33881-1447**

3. Date Incorporated or Qualified 12/10/1984	3a. Date of Last Report 01/31/1995
4. FEI Number 59-2476204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**TUCKER, L.D.
3535 U.S. HWY 17 NORTH
WINTER HAVEN FL**

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

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 on one last name of registered agent and block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																								
<table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>TUCKER, L. D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3535 U.S. HWY 17 NORTH</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>WINTER HAVEN FL</td> <td></td> </tr> </table>	TITLE	DP	<input type="checkbox"/> DELETE	NAME	TUCKER, L. D.		STREET ADDRESS	3535 U.S. HWY 17 NORTH		CITY- ST- ZIP	WINTER HAVEN FL		<table border="1"> <tr> <td>1.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY- ST- ZIP		
TITLE	DP	<input type="checkbox"/> DELETE																							
NAME	TUCKER, L. D.																								
STREET ADDRESS	3535 U.S. HWY 17 NORTH																								
CITY- ST- ZIP	WINTER HAVEN FL																								
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
1.2 NAME																									
1.3 STREET ADDRESS																									
1.4 CITY- ST- ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1"> <tr> <td>2.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE																							
NAME																									
STREET ADDRESS																									
CITY- ST- ZIP																									
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
2.2 NAME																									
2.3 STREET ADDRESS																									
2.4 CITY- ST- ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1"> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE																							
NAME																									
STREET ADDRESS																									
CITY- ST- ZIP																									
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
3.2 NAME																									
3.3 STREET ADDRESS																									
3.4 CITY- ST- ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1"> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE																							
NAME																									
STREET ADDRESS																									
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																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1"> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE																							
NAME																									
STREET ADDRESS																									
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																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1"> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE																							
NAME																									
STREET ADDRESS																									
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: **L.D. Tucker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

941-299-4444

Date

Daytime Phone #

CR2E034 (12/95)