

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 # J35024 (5)  
1. Corporation Name  
LAKE REGION REALTY COMPANY



Principal Place of Business  
6700 S. FLORIDA AVE  
STE. #6  
LAKELAND FL 33813  
US

Mailing Address  
P O BOX 6420  
LAKELAND FL 33807  
US

3. Date Incorporated or Qualified 09/25/1986 3a. Date of Last Report 04/27/1995  
4. FEI Number 59-3107434 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent

ELLSWORTH, W. WM. JR.  
6700 S. FLORIDA AVE.  
STE. #6  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME ☐ DELETE  
NAME STREET ADDRESS CITY-ST-ZIP  
P ELLSWORTH, W., WM. JR. 6700 S. FLORIDA AVE., #6 LAKELAND FL 33813  
TITLE NAME ☐ DELETE  
NAME STREET ADDRESS CITY-ST-ZIP  
S KAVNEY, LINDA 6700 S. FLORIDA AVE., #6 LAKELAND FL 33813  
TITLE NAME ☐ DELETE  
NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ DELETE  
NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ DELETE  
NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ DELETE  
NAME STREET ADDRESS CITY-ST-ZIP

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 ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE VICE-PRESIDENT/DIRECTOR ☐ Change ☒ Addition  
3.2 NAME DORIS W. ELLSWORTH  
3.3 STREET ADDRESS 6700 S. FLORIDA AVE. #6  
3.4 CITY-ST-ZIP LAKELAND, FL 33813  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
W. Wm. Ellsworth, Jr.

President

2/13/96 (941)644-9197

Date

Daytime Phone #

CR2E034 (12/95)