

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

FILED
Feb 08 1996 8:00 am
Secretary of State

DOCUMENT # J35141 (7)

1. Corporation Name

LAKE REGION LAND COMPANY

Principal Place of Business

6700 S. FLORIDA AVE.
STE. #6
LAKELAND FL 33813
US

Mailing Address

6700 S. FLORIDA AVE.
STE. #6
LAKELAND FL 33813
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 STE. #1

23 City & State

24 Zip Country

2a. Mailing Address

26 P O Box 6420

27 Suite, Apt. #, etc.

28 City & State
Lakeland, FL

29 Zip Country

30 33807 US

3. Date Incorporated or Qualified

09/25/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2951802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ELLSWORTH, KENT C.
6700 S. FLORIDA AVE.
STE. #6
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

S. M. ELLSWORTH

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

6700 S. FLORIDA AVE.

83 STE. #1

84 City
Lakeland

FL

85 Zip Code

33813

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 607.0502, Florida Statutes.

SIGNATURE

S. M. Ellsworth

1/30/96

12. SIGNATURE OF OFFICERS AND DIRECTORS

1.1 TITLE

NAME
VP
ELLSWORTH, KENT C.
6700 S. FLORIDA AVE., #6
LAKELAND FL

☐ DELETE

1.2 TITLE

NAME
P
ELLSWORTH, S.M.
6700 S. FLORIDA AVE. SUITE #6
LAKELAND FL

☐ DELETE

1.3 TITLE

NAME

1.4 TITLE

NAME

1.5 TITLE

NAME

1.6 TITLE

NAME

1.7 TITLE

NAME

1.8 TITLE

NAME

1.9 TITLE

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1.10 TITLE

NAME

1.11 TITLE

NAME

1.12 TITLE

NAME

1.13 TITLE

NAME

1.14 TITLE

NAME

1.15 TITLE

NAME

1.16 TITLE

NAME

(NOTE: Registered Agent signature required when reappointing)

DATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

S. M. Ellsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(941) 647-5123

Date

Daytime Phone #

CR2E034 (12/95)