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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Aug 05, 1999 8:00 am Secretary of State

•	1999	THE THE PARTY OF T	DIVISION OF C	ORPORATIONS	08-05-1999 90003 02	0 ***150.00
DOCUN 1. Corporation	MENT #	1100	Ø2			
Lake Inc	dustrial Corpora	ation. Inc.				
	dustrial Avenue					
	rce, FL 34946					
Principal Place		Mailing	Address			
Same		Sa	me			
					DO NOT WRITE IN THIS	CDACE
					3. Date Incorporated or Qualifed	<u>orace</u>
					10/2/1986	
2 Principal Pla	ace of Business	2a Ma	iling Address		4. FEI Number	Applied For
21	Same		Same	-7:-	59-2722262_	Not Applicable
Suite, Apt. #			ite, Apt. #, etc.	······································		\$8.75 Additional
22		27			5. Certifcate of Status Desired	Fee Required
City & State	•	Cit	y & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	_	Country	8. This corporation owes the current year Inta	
24	25	29		30	Personal Property Tax.	X Yes □No
	9. Name and Address of	f Current Registere	d Agent	81 Name	10. Name and Address of New Registered	Agent
Richard Sneed				e i i ivame		
700 Virginia Ave.				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
Ste 104, Sun Bank Bldg				83		
	erce, FL 33482	9		83		
10. 110	erce, 16 33402			84 City	r.	85 Zip Code
44 5		007 0500 1007	500 Flada 044 4		FL	hooging its registered
office or re	to the provisions of Sections egistered agent, or both, in th	607.0502 and 607.1 e State of Florida. S	ous, Florida Statute: Such change was au	s, the above-hamed corporation thorized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	tment as registered
agent. I an	n familiar with, and accept th	e obligations of, Sec	ction 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of regi	stored greent and little if e-nti	icable /NOTE-1	Registered Agent signature required	d when reinstating) DATE	
12.		ERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE Pres.			☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME PRES		:-1 A "	2	1.2 NAME		
STREET ADDRESS	2601 Industr	iai Ave, #	3	1.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Pierce, F	FL 34946		1.4 CITY-ST-ZIP		
TITLE	^ 1 D '		☐ DELETE	2.1 TITLE		Change Addition
We Vice	Carl Beier			2.2 NAME		
STREET ADDRESS	2601 Industr		3	2.3 STREET ADDRESS		
City-ST-ZIP	Ft. Pierce, F	L 34946		2. 4 CITY-ST-ZIP		
TITLE			☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		_		3.2 NAME		
STREET ADDRESS			-	3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE ,	····		☐ DELETE	4.1 TTLE		☐ Change ☐ Addition
NAME	,			4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE						
			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME - [-	□ DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS		_	□ DELETE			☐ Change ☐ Addition —
NAME STREET ADDRESS CITY-ST-ZIP		-	□ DELETE	6.2 NAME		Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR