

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

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J66119 (5)

1. Corporation Name
LAUREL OAK LODGE, INC.



Principal Place of Business % SHIRLEY MCMILLAN 5423 40 AVE N ST PETERSBURG FL 33709	Mailing Address % SHIRLEY MCMILLAN 5423 40 AVE N ST PETERSBURG FL 33709-5611
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21 Principal Place of Business Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26 Mailing Address Suite, Apt. #, etc.	27 City & State	28 Zip	29 Country	30
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3. Date Incorporated or Qualified 04/01/1987	3a. Date of Last Report 06/27/1996
4. FEI Number 59-2780797	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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. 199.03?, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCMILLAN, SHIRLEY
5423 40 AVE N
ST PETERSBURG FL 33709

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCMILLAN, SHIRLEY	
STREET ADDRESS	5423 40 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCMILLAN, LARRY	
STREET ADDRESS	5725 48TH AVE. N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KERNS, MARK T	
STREET ADDRESS	4853 S. ARDEN TERRACE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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.

SIGNATURE: *Shirley McMillan* **SHIRLEY MCMILLAN** 3/27/97 813-521-4070

CR2E034 (9/96)