

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 # **J75610 (2)**
1. Corporation Name
GREAT LAKES CAPITAL INC.

Principal Place of Business

% JOHN RICHARD CLACK
3403 OCEAN DR
VERO BEACH FL 32963

Mailing Address

% JOHN RICHARD CLACK
3403 OCEAN DR
VERO BEACH FL 32963

2. Principal Place of Business

2a. Mailing Address

21 321 21ST STREET

26 321 21ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 3A

27 STE 3A

City & State

City & State

23 VERO BEACH FL

28 VERO BEACH FL

Zip

Country

Zip

Country

24 32960

25 USA

29 32960

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/01/1987

3a. Date of Last Report

01/19/1995

4. FEI Number

59-2808780

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

10. Name and Address of New Registered Agent

CLACK, JOHN RICHARD
3403 OCEAN DR
VERO BEACH FL 32963

321 21ST STREET. *3A
VERO BEACH FL
32960

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 making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
CLACK, JOHN RICHARD
STREET ADDRESS 527 E. CAUSEWAY BLVD
CITY-STATE-ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME VD
CLACK, SALLY DORA
STREET ADDRESS 527 E. CAUSEWAY BLVD.
CITY-STATE-ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME SD
CLACK, DORA BEATRICE
STREET ADDRESS 527 E. CAUSEWAY BLVD.
CITY-STATE-ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

John R Clack

JAN 12 1996 407 978 0990

Please NOTE
NEW ADDRESS
& PHONE NO.



CR2E034 (12/95)