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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 01 1998 8:00am Secretary of State

DOCUN 1. Corporation	MENT # K62306 Name LAKE BOATING CLUB, INC.	(1)				
Principal Place	of Business	Mailing Address		1 19916121 815 91112 11985 11111 EDITE 8114 81111 811	DER MINNE MENNE BINN NINGS 1801	
208 W ALAMO DRIVE LAKELAND FL 33813-1503 US		PO BOX 5400 LAKELAND FL 33807-5400 US		DO NOT WRITE IN THI 3. Date incorporated or Qualified	S SPACE	
					01/31/1989	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2932888	Not Applicable	
Suite, Apt. #	, 6 1C.	Suito, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Stato		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country Zip		Count	ry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Hegistered Agent		1 Name	10. Name and Address of New Registere	d Agent
ELLSWORTH, W. WM. JR.						
208 W ALAMO DRIVE LAKELAND FL 33813-1503			8	Street Add	dress (P.O. Box Number is Not Acceptable)	
LAN.	CUAND PL 33013-1303		8	3		
			_	4 6	·	100 2 000
			В	4 City	F	L 85 Zip Code
office or re- agent. I am	the provisions of Sections 607.0502 gistered agent, or both, in the State of familiar with, and accept the obligat	and 607.1508, Florida Statu of Florida Such change was ions of, Section 607.0505, F	tes, the abo authorized l lorida Statut	ve-named cor by the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered opointment as registered
SIGNATURE S	Ignature, typed or printed name of registered agent	and title if applicable. (NO	F: Registered A	gent Bignature req	uired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	L] DELETE	1.1 TITLE			Change
NAME			1.2 NAM			
STREET ADDRESS				ET ADDRESS		į į
CITY-ST-ZIP TITLE	<u>LAKELAND FL 33813-1503</u> D	DELETE	1.4 CITY 2.1 TITLE			Change Addition
NAME	HARPER, ROBERT F. III	2.7	2.2 NAM			
STREET ADDRESS	208 WEST ALAMO DRIVE		2.3 STAE	et address		ĺ
CITY-ST-ZIP	LAKELAND FL 33813-1503	2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4. CITY 4.1 TITLE			Change Addition
NAME		C prefie	4. 2 NAM	ļ		C. Change C. Audition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMI	E		
STREET ADDRESS			5.3 STRE	et address		
CITY-ST-ZIP		T octor	5.4 CiTY			The second second
TITLE		DELETE	6.1 TITLE			Change Addition
NAME OTRECT ADDRESS	: :		6.2 NAMI			
STREET ADDRESS		/ / /	6.3 S1RE	ET ADDRESS		l l
CITY-ST-ZIP		, , ,	6.4 CITY	CT 7ID		l l

propowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

4/21/98

941 647-5554