

**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

**DOCUMENT # L18417 (0)**

1. Corporation Name

**LAKE OIL CORPORATION**



Principal Place of Business

Mailing Address

**42 SLEEPY HOLLOW RD  
PO BOX 8  
DOCTORS INLET FL 32030**

**42 SLEEPY HOLLOW RD  
PO BOX 8  
DOCTORS INLET FL 32030**

3. Date Incorporated or Qualified  
**09/21/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
**59-2972277**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, M. RICHARD JR.  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE FL 32201**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ASHBY, GEORGE H.	
STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	ASHBY, GEORGE H., JR.	
STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	EYRICK, PETER T.	
STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	CONTROLLER & V	<input type="checkbox"/> DELETE
NAME	GAWLEY, TONY	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOK, LARRY	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOSCIUSKO, MARYAN	
STREET ADDRESS	SAME AS ABOVE	
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 checked="" 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 checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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

4/29/95

Date

Daytime Phone #

CR2E034 (12/95)