

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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/21/1989</b>	
4. FEI Number <b>59-2972277</b>	
Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent <b>LEWIS, M. RICHARD JR. 225 WATER STREET SUITE 1800 JACKSONVILLE FL 32201</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DCP	ASHBY, GEORGE H., JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 SLEEPY HOLLOW RD		1.3 STREET ADDRESS	
DOCTORS INLET FL		1.4 CITY - ST - ZIP	
VP	EYRICK, PETER T.	2.1 TITLE	
42 SLEEPY HOLLOW RD		2.2 NAME	
DOCTORS INLET FL		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
CV	GAINES, TONI	3.1 TITLE	
42 SLEEPY HOLLOW RD		3.2 NAME	
DOCTORS INLET FL		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
S	KOSLIANSKI, MARILYN	4.1 TITLE	
42 SLEEPY HOLLOW RD		4.2 NAME	
DOCTORS INLET FL		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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.

SIGNATURE: \_\_\_\_\_

2/5/98

CP2E034 (10/97)