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

PROFIT ' CORPORATION ANNUAL REPORT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Sandra B. Mortham

	1997	Secreta DIVISION OF	ary of State CORPORA		Secretary of State	
1. Corporation		(3)				
LAKELAI	ND DRUM SERVICE, INC.					Mika mada kadi mada mada kadi kada mada
Principa! Plac	e of Business	Mailing Address			1 1001#011 111 16611 01010 11011 10#11 0101	
BOX 2006 AUBURNDALE FL 33823 BOX 2006 AUBURNDALE FL 33823-5006						
					3. Date Incorporated or Qualified 04/01/1988	3a. Date of Last Report 02/21/1996
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 Suite Ant # etc.			# oto		59-2884408	Not Applicable
22	Suite, Apt #, etc. Suite, Apt #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stati	e	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	30	ntry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Curren		,001		10. Name and Address of New Re	
GUY	, RANDY C			81 Name		
				82 Street Acc	dress (P.O. Box Number is Not Acceptab	ile)
AUBURNDALE FL 33823				0.0		
				83		
			ĺ	84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Statu	tes, the ab	ove-named co	rporation submits this statement for the p	
office or r agent, I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607,0505, F	authorizec Iorida Stati	I by the corporates.	rporation submits this statement for the p ation's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE						
12.	Signature, typed or printed hame of registered age		TE Pogistered	Agent signature req	uired when reinstating) ABDITIONS/CHANGES TO OFFIC	DATE
TITLE	D OFFICERS AND	OFFICERS AND DIRECTORS D DELETE		15	ABBITIONS/O. MINGES TO OFFIC	Change Addition a
NAME	GUY, IMOGENE		1.2 NA			
STREET ADDRESS	LAKE ARROWHEAD DRIVE		1 3 ST	REET ADDRESS		O
_ CITY - ST - ZIP	WINTER HAVEN FL		14 017	Y-ST-ZIP		
TITLE	D	DELETE	2.1 TIT	LE		Change Addition C
NAME	GUY, RANDY C.		2.2 NA	ME		
STREET ADDRESS	1710 ARIANA BLVD. AUBURNDALE FL			REET ADDRESS		
CITY+ST-ZIP TITLE	D D	DELETE	2. 4 Ci 3.1 TIT	TY - ST - ZIP		Change Addition
NAME	MATHEWS, DEBRA J.		3.1 H			Ostaligo Auditoli
STREET ADDRESS	2445 THORNHILL ROAD		- 1	REET ADDRESS		
City - ST - ZiP	AUBURNDALE FL			TY-ST-ZIP		
TITLE		DELETE	4.1 TIT			Change Addition
NAME			4 2 NA	ME EN		
STREET ADDRESS			4 3 ST	REET ADDRESS		
CITY - ST - ZIP	_ 			Y-ST-ZIP		
TITLE		DELETE	5 1 TIT			Change Addition
NAME	i		5.2 NA	1		
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS	•	
TITLE		DELETE	5.4 CH	Y - ST - ZIP LE		Change Addition
10102		-	6.2.10	J		_ ,

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 ampowered 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.

6.3 STREET ADDRESS