

**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 # **M78174** (3)

1. Corporation Name  
**LAKE HILLS UTILITIES, INC.**



Principal Place of Business: **1105 KENSINGTON PARK DR ALTAMONTE SPRINGS FL 32714 US**  
Mailing Address: **1105 KENSINGTON PARK DR ALTAMONTE SPRINGS FL 32714 US**

3. Date Incorporated or Qualified <b>04/27/1988</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>59-2887605</b>	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**LOWNDES, JOHN F.  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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
PD	MANDELL, LESTER N. 1105 KENSINGTON PK DR. ALTAMONTE SPGS. FL	<input type="checkbox"/> DELETE	
STD	ZIMMERMAN, LESTER 1105 KENSINGTON PK DR. ALTAMONTE SPGS. FL	<input type="checkbox"/> DELETE	
D	LOWNDES, JOHN F. 215 NO. EOLA DR. ORLANDO FL	<input type="checkbox"/> DELETE	
VP	MANDELL, ROBERT A. 1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS FL	<input type="checkbox"/> DELETE	
AT	BILLINGS, GEORGE, JR. 1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: *Lester N. Mandell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Lester N. Mandell**

3/8/96 (407) 869-0300

CR2E034 (12/95)