FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND

DOCUMENT # N14038 (6)

1. Corporation Name

LAKE COUNTY SMALL BUSINESS INCUBATOR, INC.

1995 MAY -1 PM 3:03

200001491892
-05/17/95--01144--008
*****68.75 *****68.75

Principal Place of Business	Mailing Address
307 E. MAGNOLIA AVE	P. O. BOX 68
EUSTIS FL 32726	EUSTIS FL 32727-0068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1986
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2680028 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STONE, LEWIS W., ESQ.
4850 N. HIGHWAY 19-A
MOUNT DORA FL 32757

Mail: ~~P. O. DRAWER 2048~~
EUSTIS FL 32727-2048

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	STEARMAN, MICHAEL	12 NAME	
STREET ADDRESS	CITY HALL	13 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	14 CITY-ST-ZIP	
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	EVERY, LINDA	22 NAME	
STREET ADDRESS	16936 WILLIS V. MCCALL	23 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	24 CITY-ST-ZIP	
TITLE	V/D	31 TITLE	☐ Change ☐ Addition
NAME	JACKSON, ALVIN B.	32 NAME	
STREET ADDRESS	315 W. MAIN STREET	33 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	34 CITY-ST-ZIP	
TITLE	V/D	41 TITLE	☐ Change ☐ Addition
NAME	KING, GREG	42 NAME	
STREET ADDRESS	200 E. ORANGE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	44 CITY-ST-ZIP	
TITLE	S/T/D	51 TITLE	☐ Change ☐ Addition
NAME	HOLLENBECK, ROBBIE	52 NAME	
STREET ADDRESS	205 N TEXAS AVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	54 CITY-ST-ZIP	
TITLE		61 TITLE	20D ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	5-1-95

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)(i), Florida Statutes. I further certify that the information indicated on the 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Michael G. Stearman 04/14/95 (904) 483-5430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #