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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N14038 (6)

1. Corporation Name

LAKE COUNTY SMALL BUSINESS INCUBATOR, INC.



Principal Place of Business

Mailing Address

307 E. MAGNOLIA AVE.  
EUSTIS FL 32726

P.O. BOX 68  
EUSTIS FL 32727-0068

3. Date Incorporated or Qualified  
03/26/1986

3a. Date of Last Report  
04/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2680028

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME STEARMAN, MICHAEL  
STREET ADDRESS CITY HALL  
CITY-ST-ZIP EUSTIS FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME EVERY, LINDA  
STREET ADDRESS 16936 WILLIS V. MCCALL  
CITY-ST-ZIP UMATILLA FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME JACKSON, ALVIN B  
STREET ADDRESS 315 WEST MAIN ST  
CITY-ST-ZIP TAVARES FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME KING, GREG  
STREET ADDRESS 200 E. ORANGE AVE  
CITY-ST-ZIP EUSTIS FL

4.1 TITLE  Change  Addition  
4.2 NAME VSTD KING, GREG  
4.3 STREET ADDRESS 1211 W NORTH BLVD  
4.4 CITY-ST-ZIP LEESBURG FL

TITLE STD  DELETE  
NAME HOLLENBECK, ROBBIE  
STREET ADDRESS 205 N TEXAS AVE  
CITY-ST-ZIP TAVARES FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(9)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 1997

Date

Daytime Phone # 0013741

CR2E037 (9/96)