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 FILED
95 MAY 16 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19070 (4)

1. Corporation Name
LAKE WALES DOWNTOWN, INC.

Principal Place of Business	Mailing Address
225 E. STUART AVE. LAKE WALES FL 33859	P.O. BOX 1320 LAKE WALES FL 33859-1320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1987
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-2774401 ☐ 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

FRIEDLANDER, EDWIN M
123 E. PARK AVENUE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: Lisa Pedersen
82 Street Address (P.O. Box Number is Not Acceptable): 222 E. Stuart Ave.
83
84 City: Lake Wales FL 85 Zip Code: 33853

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 Lisa Pedersen Lisa C. Pedersen 5/12/95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	PEDERSEN, LISA	12 NAME	
STREET ADDRESS	222 E STUART AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, KATHY M	22 NAME	
STREET ADDRESS	224 E. STUART AVE	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FRIEDLANDER, EDWIN	32 NAME	
STREET ADDRESS	GROVELAND FARMS	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GIBSON, ROBIN	42 NAME	
STREET ADDRESS	212 E. STUART AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HARDMAN, MIMI	52 NAME	
STREET ADDRESS	300 S. LAKESHORE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: Lisa Pedersen Lisa C. Pedersen 5/12/95 813/676-2821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088153