

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19070 (4)
1. Corporation Name LAKE WALES MAIN STREET, INC.



Principal Place of Business 225 E. STUART AVE. LAKE WALES FL 33859	Mailing Address P.O. BOX 1320 LAKE WALES FL 33859-1320
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2. Principal Place of Business 21 152 CENTRAL AVE. E	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/03/1987	3a. Date of Last Report 05/16/1995
22 LAKE WALES FLORIDA	27 City & State	4. FEI Number 59-2774401	Applied For Not Applicable
23 33859 FL	28 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24 33859 FL	29 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25 33859 FL	30 City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent PEDERSEN, LISA 222 E STUART AVE LAKE WALES FL 33853	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 249 E. STUART AVE 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PEDERSEN, LISA	1.2 NAME	
STREET ADDRESS	222 E STUART AVE.	1.3 STREET ADDRESS	249 E. STUART AVE.
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, KATHY M	2.2 NAME	
STREET ADDRESS	224 E. STUART AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDLANDER, EDWIN	3.2 NAME	
STREET ADDRESS	GROVELAND FARMS	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GIBSON, ROBIN	4.2 NAME	
STREET ADDRESS	212 E. STUART AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARDMAN, MIMI	5.2 NAME	
STREET ADDRESS	300 S. LAKESHORE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 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] **6/24/96** **(941) 676-2421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)