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Aug 27 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 # **N19070** **(4)**

1. Corporation Name

LAKE WALES MAIN STREET, INC.

Principal Place of Business	Mailing Address
152 CENTRAL AVENUE E LAKE WALES FL 33853 US	P.O. BOX 1320 LAKE WALES FL 33859-1320

3. Date Incorporated or Qualified: 02/03/1987
3a. Date of Last Report: 07/26/1996

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

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

PEDERSEN, LISA
249 E. STUART AVENUE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: Pedersen,Lisa
82 Street Address (P.O. Box Number is Not Acceptable): 249 E. Stuart Avenue
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 _____ 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	D	☐ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	PEDERSEN, LISA		1.2 NAME	Wylene Lyle	
STREET ADDRESS	249 E STUART AVENUE		1.3 STREET ADDRESS	229 E. Stuart Avenue	
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP	Lake Wales FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDLANDER, EDWIN		2.2 NAME		
STREET ADDRESS	GROVELAND FARMS		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GIBSON, ROBIN		3.2 NAME		
STREET ADDRESS	212 E. STUART AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARDMAN, MIMI		4.2 NAME		
STREET ADDRESS	300 S. LAKESHORE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.