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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:29

DOCUMENT # N24182 (0)

1. Corporation Name
LAKE CARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
% WILLIAM TRICKEL, JR. 39 WEST PINE STREET ORLANDO FL 32801	% WILLIAM TRICKEL, JR. 39 WEST PINE STREET ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2867652 ☐ 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

TRICKEL, WILLIAM JR
39 WEST PINE STREET
ORLANDO FL 32801

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	ASD	1.1 TITLE	ASTD	☐ Change XX Addition
NAME	KROGSTAD, A E	1.2 NAME	PASTOR ANDY McDONALD	
STREET ADDRESS	913 LARSON DRIVE	1.3 STREET ADDRESS	FLORIDA HOSPITAL-SDA CHURCH, 2800 N.Orange	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32804	
TITLE	VSD	2.1 TITLE		☐ Change ☐ Addition
NAME	LEIGH, RICHARD A	2.2 NAME		
STREET ADDRESS	1035 LANCELOT WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32818	2.4 CITY-ST-ZIP		
~~TITLE~~	~~ASTD~~	3.1 TITLE	DELETED	XX Change ☐ Addition
~~NAME~~	~~HOWES, MELINDA~~	3.2 NAME		
~~STREET ADDRESS~~	~~5531 BRECKENRIDGE CIRCLE~~	3.3 STREET ADDRESS		
~~CITY-ST-ZIP~~	~~ORLANDO FL 32818~~	3.4 CITY-ST-ZIP		
TITLE	CPAS	4.1 TITLE		☐ Change ☐ Addition
NAME	TRICKEL, WILLIAM JR	4.2 NAME		
STREET ADDRESS	4715 HALL ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817	4.4 CITY-ST-ZIP		
TITLE	DAS	5.1 TITLE		☐ Change ☐ Addition
NAME	CARUBBA, HENRY J	5.2 NAME		
STREET ADDRESS	307 PARK PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	5.4 CITY-ST-ZIP		
TITLE	ASD	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, HAROLD H	6.2 NAME		
STREET ADDRESS	2201 WEST LAKE BRANTLEY DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	FOREST CITY FL 32714	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)(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: William Trickel JR President 1/26/95 407-422-5154
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003036