

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N24182** (0)

1. Corporation Name

LAKE CARE SYSTEMS, INC.



Principal Place of Business

Mailing Address

~~WILLIAM TRICKEL, JR.~~
~~33 WEST PINE STREET~~
~~ORLANDO FL 32801~~

~~WILLIAM TRICKEL, JR.~~
~~33 WEST PINE STREET~~
~~ORLANDO FL 32801~~

3. Date Incorporated or Qualified
12/22/1987

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **445 Waterman Avenue**

26 **445 Waterman Avenue**

4. FEI Number
59-2867652

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Mount Dora, FL**

28 **Mount Dora, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **32757**

25 **USA**

29 **32757**

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TRICKEL, WILLIAM JR.~~
~~33 WEST PINE STREET~~
~~ORLANDO FL 32801~~

81 Name
Zebulon L. Osborne

82 Street Address (P.O. Box Number is Not Acceptable)
445 Waterman Avenue

83

84 City
Mount Dora

FL

85 Zip Code
32757

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 obligation of, Section 617.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
KROGSTAD, A E
913 LARSON DRIVE
ALTAMONTE SPRINGS FL 32714** ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**Chairperson
Leigh, Richard A.** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
LEIGH, RICHARD A
1035 LANCELOT WAY
CASSELBERRY FL 32818** ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**Assist. Secretary
Stewart, Bradley T.
445 Waterman Avenue
Mount Dora, FL 32757** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
MCDONALD, ANDY PASTOR
FLORIDA HOSPITAL-SDA CHURCH, 2800 N. ORANG
ORLANDO FL** ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**Assist. Secretary
Lind, Dale L.
445 Waterman Avenue
Mount Dora, FL 32757** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPAS
TRICKEL, WILLIAM JR
4715 HALL ROAD
ORLANDO FL 32817** ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**50000017531008
-03/22/96-01016--007
***01.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAS
CARUBBA, HENRY J
307 PARK PLACE
ALTAMONTE SPRINGS FL 32701** ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**50000017531008
-03/22/96-01016--007
***01.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
SCHMIDT, HAROLD H
2201 WEST LAKE BRANTLEY DRIVE
FOREST CITY FL 32714** ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**50000017531008
-03/22/96-01016--007
***01.25** ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brad Stewart

2-20-96

Date

352-383-005

Daytime Phone #

CR2E037 (12/95)