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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24182 (0)

1. Corporation Name

LAKE CARE SYSTEMS, INC.

Principal Place of Business

445 WATERMAN AVENUE
MOUNT DORA FL 32757

Mailing Address

445 WATERMAN AVENUE
MOUNT DORA FL 32757-85183. Date Incorporated or Qualified
12/22/19873a. Date of Last Report
03/21/19964. FEI Number
59-2867652Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OSBORNE, ZEBULON L
445 WATERMAN AVENUE
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name Richard A. Leigh
82 Street Address (P.O. Box Number is Not Acceptable)
1035 Lancelot Way 39 W Pine St
83
84 City Casselberry Orlando FL 85 Zip Code 32801

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 *Richard A. Leigh*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	KROGSTAD, A E	
STREET ADDRESS	913 LARSON DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEIGH, RICHARD A	
STREET ADDRESS	1035 LANCELOT WAY	
CITY-ST-ZIP	CASSELBERRY FL 32818	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MCDONALD, ANDY PASTOR	
STREET ADDRESS	FLORIDA HOSPITAL-SDA CHURCH, 2800 N. ORANG	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STEWART, BRADLEY T	
STREET ADDRESS	445 WATERMAN AVENUE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	CARUBBA, HENRY J	
STREET ADDRESS	307 PARK PLACE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, HAROLD H	
STREET ADDRESS	2201 WEST LAKE BRANTLEY DRIVE	
CITY-ST-ZIP	FOREST CITY FL 32714	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	39 W Pine St
2.4 CITY-ST-ZIP	Orlando, FL 32801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Richard A. Leigh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2-13-97 407-422-5754
Date Daytime Phone # 0014347

CR2E037 (9/96)