

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90023 034 \*\*\*\*61.25

DOCUMENT # **N96000003130** ✓

Corporation Name

**LAKE MONROE ROADKILLERS, INC.**

Principal Place of Business

**250 PARK AVENUE SOUTH, 5TH FLOOR  
WINTER PARK FL 32789**

Mailing Address

**POST OFFICE BOX 880  
WINTER PARK FL 32790-0880**



\* 5 8 586706 - 90023 - 34 6 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		06/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		APPLIED FOR 159-3413692	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
4		29		30	

9. Name and Address of Current Registered Agent

**WHITE, W. GRAHAM  
250 PARK AVENUE SOUTH, 5TH FLOOR  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, LISA	1.2 NAME	
STREET ADDRESS	250 PARK AVE S 5TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, MIKE	2.2 NAME	
STREET ADDRESS	1330 BRADDOCK RD,	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, GRAHAM	3.2 NAME	
STREET ADDRESS	250 PARK AVENUE SOUTH, 5TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

6/30/99

407-423-4246

Date

Daytime Phone #

CR2E037 (1/98)