

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90006 043 \*\*\*\*70.00

**DOCUMENT # N97000005616**

1. Corporation Name

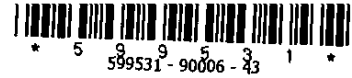
**LAKE ECONOMIC DEVELOPMENT, INC.**

Principal Place of Business

333 S.W. 4TH STREET  
BELLE GLADE FL 33430

Mailing Address

333 S.W. 4TH STREET  
BELLE GLADE FL 33430



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/02/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0784978	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, CLIFFORD C  
333 S.W. 4TH STREET  
BELLE GLADE FL 33430

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 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	1.1 TITLE	
NAME	DAVIS, CLIFFORD C	1.2 NAME	
STREET ADDRESS	333 S.W. 4TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	DAVIS, CLARISSA L	2.2 NAME	
STREET ADDRESS	333 S.W. 4TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	DAVIS, DORIS S	3.2 NAME	
STREET ADDRESS	333 S.W. 4TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 of Clifford C. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/99 561-996-7709  
Date Daytime Phone #

CR2E037 (5/99)