

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 13 AM 9:15

DOCUMENT # N97000006118

1. Corporation Name

LIGHTS OF LAKE, INC.

Principal Place of Business

212 E. MAIN STREET  
LEESBURG FL 34748

Mailing Address

212 E. MAIN STREET  
LEESBURG FL 34748



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/30/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	APPLIED FOR 59-3601329	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, CHARLES D  
907 WEBSTER STREET  
LEESBURG FL 34748

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, CATHERINE	1.2 NAME	
STREET ADDRESS	25715 SR 46	1.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL 32776	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLEN, CARMAN	2.2 NAME	500003022695-0
STREET ADDRESS	212 E. MAIN STREET	2.3 STREET ADDRESS	-10/22/99--01092--001
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTE, TONY	3.2 NAME	
STREET ADDRESS	501 W. MEADOW ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, ANN	4.2 NAME	
STREET ADDRESS	10 N. GROVE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KEN	5.2 NAME	
STREET ADDRESS	225 W. GUAYA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, JIM	6.2 NAME	
STREET ADDRESS	212 E. MAIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 10/2/99 1352-365-8240  
Date Daytime Phone #

KE

0010946

CR2E037 (5/99)