

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).

FILED
Aug 20, 1999 8:00 am
Secretary of State

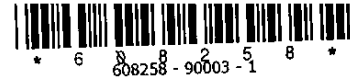
08-20-1999 90003 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000006570
 1. Corporation Name
LAKELAND ROLLER HOCKEY LEAGUE, INCORPORATED



Principal Place of Business: 5631 EMERALD RIDGE BLVD, LAKELAND FL 33813, US
 Mailing Address: P O BOX 1071, LAKELAND FL 33802, US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/20/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3479412	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired	
Zip		Zip		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
25		30		<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			
PARKS, JOHN PAUL C/O WENDEL, CHRITTON & PARKS, CHARTERED 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	JOE CAMPBELL			1.2 NAME			
STREET ADDRESS	5631 EMERALD RIDGE BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JIM TRAVIS			2.2 NAME	David Robine		
STREET ADDRESS	4628 LUCE RD			2.3 STREET ADDRESS	924 Queen St.		
CITY-ST-ZIP	LAKELAND FL 33813			2.4 CITY-ST-ZIP	Lakeland, FL 33803		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOB PAULIE			3.2 NAME	Mona Lisa Trask		
STREET ADDRESS	1635 BOWMAN'S TRAIL			3.3 STREET ADDRESS	1175 Galloway Dr.		
CITY-ST-ZIP	LAKELAND FL 33809			3.4 CITY-ST-ZIP	Lakeland, FL 33810		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATHY HUCKABEE			4.2 NAME	Dawn Nelson		
STREET ADDRESS	2642 HIGHLANDS VUE PKWY			4.3 STREET ADDRESS	1233 Timberidge Lp H.		
CITY-ST-ZIP	LAKELAND FL 33813			4.4 CITY-ST-ZIP	Lakeland FL 33809		
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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 8/18/99 DAYTIME PHONE #: 428-2675 ext 3617

CR2E037 (5/99)