

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29781 (2)

1. Corporation Name

LAKE MARTIN DYNAMITE CORPORATION



Principal Place of Business

**3581 SW CORPORATE PARKWAY
P. O. BOX 1938
PALM CITY FL 34990**

Mailing Address

**3581 SW CORPORATE PARKWAY
P. O. BOX 1938
PALM CITY FL 34990**

3. Date Incorporated or Qualified
06/15/1990

3a. Date of Last Report
04/28/1995

2. Principal Place of Business
21 1151 S.W. 30TH STREET

2a. Mailing Address
26 P.O. Box 1938

4. FEI Number
65-0197731

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 SUITE E

27

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

City & State
23 PALM CITY, FL

City & State
28 PALM CITY, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

Zip Country
24 34990 USA

Zip Country
29 34991-6938 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE HALL, INC.
110 NORTH MAGNOLIA DRIVE, SUITE 105
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and identification #.

(NOTE: Signature of Agent required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD MCGOOGAN, JAMES R.**
STREET ADDRESS **3581 SW CORP. PARKWAY**
CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ DELETE
NAME **S TRAISTER, RICHARD V.**
STREET ADDRESS **3581 SW CORP. PARKWAY**
CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ DELETE
NAME **D KENT, MARIAN H.**
STREET ADDRESS **9256 GAINSWOOD**
CITY-ST-ZIP **MONTGOMERY AL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD MCGOOGAN, JAMES R.**
1.3 STREET ADDRESS **1151 SW 30TH STREET, SUITE E**
1.4 CITY-ST-ZIP **PALM CITY, FL 34990**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **S TRAISTER, RICHARD V.**
2.3 STREET ADDRESS **1151 SW 30TH STREET, SUITE E**
2.4 CITY-ST-ZIP **PALM CITY, FL 34990**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James R. McGooogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. MCGOOOGAN 4/17/96

(407)220-4333

Date

Daytime Phone #

CR2E034 (12/95)