FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29781

(2)

LAKE MARTIN DYNAMITE CORPORATION

FILED Apr 24 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				•••						
1151 S.W. 30TH STREET SUITE E PALM CITY FL 34990		P.O. BOX 1938 PALM CITY FL 34991-6938								
US CITT FL	34990	U\$				3. Date Incorporated or Qualified 06/15/1990	3a. Date 04/23/		eport	
	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				65-0197731		No \$8.75 /	t Applicable	
22		27				5. Certificate of Status Desired		Fee Re	1	
City & State		City & State				6. Election Campaign Financing		\$5.00		
Zip	Country	[28] Zip				Trust Fund Contribution 8. This corporation has liability for	intendible tex	Added t		
24	25 29 30					Florida Statutes 🔀 Yes 🗌 No				
	9. Name and Address of Current	Name	10. Name and Address of New Registered Agent							
PRENTICE HALL, INC. 110 NORTH MAGNOLIA DRIVE, SUITE 105										
TALLAHASSEE FL 32301				82 5	Street Addres	ss (P.O. Box Number is Not Acceptal	ole)			
			8	33		,				
			8	84 (City		FL	95 Zip (Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the a					named corpor	ration submits this statement for the r	PL Durpose of ch	anging it	s registered	
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										
12,	Signature, typed or printed name of registered agent OFFICERS AND	·	Registered /	Agent s	signaturo required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DECTOR	C (N) 12	
TITLE	PD	DELETE	1.1 7/11	F		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME				1.2 NAME						
STREET ADDRESS 1151 SW 30TH STREET, SUITE E		E	1.3 STREET ADDRESS		DRESS					
CITY-ST-ZIP TITLE	PALM CITY FL S DELETE		1.4 City - St - ZiP 2.1 Title		ZIP			Change	Addition	
NAME	TRAISTER, RICHARD V.	pricit	2.2 NAME					. Grange	Auullon	
STREET ADDRESS	1151 SW 30TH STREET, SUITE	E	2.3 STREET ADDRESS							
CITY-ST-ZIP	PALM CITY FL	· · · · · · · · · · · · · · · · · · ·	2. 4 CIT	Y - \$1	ZIP			,	. <u></u>	
TITLE	D DELETE			3.1 TOLE				Change	☐ Addition	
NAME Street address	KENT, MARIAN H. 9256 GAINSWOOD		3.2 NAME 3.3 STREET ADDRESS		indree					
CITY-ST-ZIP	MONTGOMERY AL		3.4. CHY-S1-ZIP							
TITLE				4.1 TITLE		The state state is a second or second		Change	Addition	
NAME			4. 2 NAN	MF						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		4.3 STRE						-	
CITY-ST-ZIP TITLE	ZIP DELETE			4.4 CHY- \$1-7IP 5.1 TIJLE				Change	Addition	
NAME				5.1 III.LE 5.2 NAME			ليـا	Onlange		
STREET ADDRESS			5.3 S1RE		DRESS				.	
CITY+ST-ZIP			5.4 CITY	/-S1-7	710					
TITLE		☐ DELETE	61 THEF					Change	Addition	
NAME Street address			62 NAM		Dettee					
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City - St - Zip							
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4. Loo 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 offect 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.

CIGNIATURE.

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11.00.00