

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 # **P94000018516 (2)**

1. Corporation Name
LAKE CLAY CORPORATION



Principal Place of Business: **% HUNTER REALTY & ASSOCIATES, 305 U.S. 27 SOUTH, LAKE PLACID FL 33852**
Mailing Address: **% HUNTER REALTY & ASSOCIATES, 305 U.S. 27 SOUTH, LAKE PLACID FL 33852**

3. Date Incorporated or Qualified: **03/10/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3243832**
NOT APPLICABLE
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDEVITT, PETER
~~**% HUNTER REALTY & ASSOCIATES**~~
~~**305 U.S. 27 SOUTH**~~
LAKE PLACID FL 33852

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **2203 US 27 North**
83 **33852**
84 City: **Lake Placid** FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ DATE _____
Signature typed or printed name of registered agent and, if applicable, (Date: Registered Agent signature required when recording)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDEVITT, PETER	
STREET ADDRESS	% 305 U.S. 27 SOUTH	
CITY - ST - ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAVLAND, JOHN	
STREET ADDRESS	% 305 U.S. 27 SOUTH	
CITY - ST - ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHRINER, WILLIAM	
STREET ADDRESS	% 305 U.S. 27 SOUTH	
CITY - ST - ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME		
13 STREET ADDRESS	2203 US 27 North	
14 CITY - ST - ZIP	LAKE PLACID, FL 33852	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME		
63 STREET ADDRESS		
64 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 as an attachment with an address.

SIGNATURE: *Peter H McDevitt* 6/28/96 9414651234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF FILING

CR2E034 (12/95)