

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 2:06

DOCUMENT # P94000019225 (9)

1. Corporation Name

LAKE WELL AND PUMP, INC.

Principal Place of Business

**310 WEST MAGNOLIA ST.
LEESBURG FL 34749**

Mailing Address

**P.O. BOX 493205
LEESBURG FL 34749**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

03/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 310 West Magnolia St.

2a. Mailing Address

26 310 West Magnolia Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Leesburg, FL 34748

City & State

28 Leesburg, FL 34748

Zip

Country

24

25 USA

Zip

Country

29

30 USA

4. FEI Number

59-3229616

Applied For

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICKS, FEATHER L
310 WEST MAGNOLIA ST.
LEESBURG FL 34748**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HICKS, FEATHER L
STREET ADDRESS	310 W. MAGNOLIA ST.
CITY - ST - ZIP	LEESBURG FL 34749
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	HICKS, FEATHER L.	
1.3 STREET ADDRESS	310 W. Magnolia St.	
1.4 CITY - ST - ZIP	Leesburg, FL 34748	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	ROBERTS, DONALD C., JR.	
2.3 STREET ADDRESS	3086 CR 431S	
2.4 CITY - ST - ZIP	Lake Panasoffkee, FL 33538	
3.1 TITLE	1st VP	☐ Change ☒ Addition
3.2 NAME	SMITH, DONALD L.	
3.3 STREET ADDRESS	14325 SE 91st Avenue	
3.4 CITY - ST - ZIP	Summerfield, FL 34491	
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 110.07(3)(b), 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 my address.

SIGNATURE:

Feather L Hicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95

Date

(904) 323-0822

Telephone Number