

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000019225 (9)

1. Corporation Name

LAKE WELL AND PUMP, INC.



Principal Place of Business

310 WEST MAGNOLIA ST  
LEESBURG FL 34749  
US

Mailing Address

310 WEST MAGNOLIA STREET  
LEESBURG FL 34748  
US

3. Date Incorporated or Qualified  
03/11/1994

3a. Date of Last Report  
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

23

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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

C. L. Hicks

82

Street Address (P.O. Box Number is Not Acceptable)

310 W. Magnolia St.

83

84

City Leesburg

FL

85

Zip Code 34748

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

C. L. Hicks, President

(NOTE: Registered Agent signature required when reinstating)

4/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ DELETE

1.1 TITLE D/P/S/T  
1.2 NAME HICKS, C. L.  
1.3 STREET ADDRESS 310 W. Magnolia St.  
1.4 CITY-ST-ZIP LEESBURG, FL 34748

☒ Change ☐ Addition

TITLE VP  
NAME ROBERTS, DONALD C JR  
STREET ADDRESS 3086 CR 431S  
CITY-ST-ZIP LAKE PANASOFFKEE FL

☒ DELETE

2.1 TITLE VP  
2.2 NAME FAGAN, JACKIE  
2.3 STREET ADDRESS 18929 SE CR42  
2.4 CITY-ST-ZIP UMATILLA FL 32784

☒ Change ☐ Addition

TITLE FVP  
NAME SMITH, DONALD L  
STREET ADDRESS 14325 SE 91ST AVENUE  
CITY-ST-ZIP SUMMERFIELD FL

☒ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D/P 4/14/96 352-323-0822

Date

Daytime Phone #

CR2E034 (12/95)