

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 AUG -8 AM 10:09

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # P94000072524 (9)

1. Corporation Name

LAKE AWESOME DEVELOPMENT COMPANY, INC.

Principal Place of Business

**POST OFFICE BOX 637
LAUREL FL 34272**

Mailing Address

**POST OFFICE BOX 637
LAUREL FL 34272**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

4. FEI Number

65-0523265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. 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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent

**OLSON, PAUL E
2033 MAIN STREET
STE. 300
SARASOTA FL 34237**

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 of person named as registered agent or officer or director

Signature of Registered Agent or person named as registered agent

DATE

12. OFFICERS AND DIRECTORS

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

**P/T/S
BILL J. MORSE
7202 JESSIE HARBOR DRIVE
OSPREY, FL 34229**

**V
JERRY L. BANKS
595 BLUEBELL RD
VENICE, FL 34293**

☐ Change ☒ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 an address.

SIGNATURE

Bill J. Morse

BILL J. MORSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/95

Date

(941) 485-1800

Telephone Number