

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000072524 (9)

1. Corporation Name

LAKE AWESOME DEVELOPMENT COMPANY, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 637
LAUREL FL 34272

POST OFFICE BOX 637
LAUREL FL 34272-0637



3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

03/15/1996

2. Principal Place of Business

21 899 KNIGHTS TRAIL

Suite, Apt. #, etc.

22 City & State

23 NOKOMIS, FL

24 Zip 34275

25 Country USA

2a. Mailing Address

26 899 KNIGHTS TRAIL

Suite, Apt. #, etc.

27 City & State

28 NOKOMIS, FL

29 Zip 34275

30 Country USA

4. FEI Number

65-0523265

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

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

10. Name and Address of New Registered Agent

81 Name

OLSON, PAUL E

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

1776 RINGLING BOULEVARD

83

84 City

SARASOTA

FL

85 Zip Code
34236

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 PTS ☐ DELETE

NAME MORSE, BILL J
STREET ADDRESS 7202 JESSIE HARBOR DRIVE
CITY-ST-ZIP OSPREY FL

TITLE V ☐ DELETE

NAME BANKS, JERRY L
STREET ADDRESS 595 BLUEBELL RD
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/S/C/D ☒ Change ☐ Addition

1.2 NAME MORSE, BILL J
1.3 STREET ADDRESS 7201 JESSIE HARBOR DRIVE
1.4 CITY-ST-ZIP OSPREY, FL 34229

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME BANKS, JERRY L
2.3 STREET ADDRESS 595 BLUEBELL RD
2.4 CITY-ST-ZIP VENICE, FL 34293

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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 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

4/30/97

941-485-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0436777

CR2E034 (9/96)