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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTIO: STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	i Name	000055164	(4)			
LAKELI	and transfer servi	CES, INC.				ING BURN RUGU LAGU
Principal Place of Business		Mading Address		1 Jabiisai iio ioidi aikii abiif aski	L BOYN EDYON BINEY BIODY IN	//O OTALI OLO 1051
621 N LAKE PARKER AVE		621 N LAKE PARKER AVE				
LAKELAND FL 33801		LAKELAND FL 33801				
				3. Date incorporated or Qualified	Dota all call	
į				07/10/1995	3a. Date of Last F	Нероп
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	J	Applied For
21		26		59-3324924		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	_ \$8.7	5 Additional
22 Ch. 8 S4-4-		27		J. Continuence of Status (resilier)		Required
City & State		Orty & State		6. Election Campaign Financing	\$5.0	00 May Be
Zφ	Country	28 Zip		Trust Fund Contribution		ed to Fees
24	25	29	Gountry 30	8. This corporation has liability for		199.032.
	g, Name and Address of Cu			Florida Statutes X Yes 10. Name and Address of New F	No No	
			81 Name_		registered Agent	
Bush, Philip H			Ke	vin R. Kedzuf		
101 S FL	.A AVE		82 Street Ac 62	Idress (P.O. Box Number is Not Acceptate 1 N. Lake Parker Ave.	ale)	
LAKELAN	ID FL 33801		83	THE PARTY PA		
			84 City			
			ھ1 ٰا!	keland, FL		ip Code 33801
11. Pursuant to or registere	o the provisions of Sections 607,0 agent, or both in the State of	0502 and €07 1508, Florida St Ekzida, Such chauge was auth	atutes, the above named corp	poration submits this statement for the pur pard of directors. Thereby accept the appli		
familiär wit	h, and accept the obligations of,	Section 607.0505, Florida Stat	ites.	paird of directors. Effectly accept the appr	ointment as registered	1 agent. Lam
SIGNATURE _	Keven K. K.	edznó	Kevin R. K		4/22/96	
12.	Stand no typed or printed dates of majorier the OPETOF RS	S AND DIRECTORS	the Tell Registracif Age it suprative recy	office and the rest strongly	DAIL	
TITLE	OTTOCTO	DELETE	13.	ADDITIONS/CHANGES TO OFF		
NAMÉ			1.2 NAME	D/P/S Kevin R. Kedzuf	Change	Addition
STREET ADDRESS			13 STREE ADDRESS			
CITY-ST-ZIP			1.4 CiTY - S1 - ZiP	621 N. Lake Parker A	ve.	
Tifue		DELETE	2 1 TITLE	Lakeland, FL 33801	Change	Addition
NAME			2.2 NAME		L Onlings.	Addition
STREET ADDRESS			2.3 STREET ADDRESS			:
CHTY - ST - ZIP			2.4 CiTY - 51 - 2iF			
TITLE		☐ DELETE	3 1 TITLE		Change	Addition
NAME			3.2 NAME			_
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4 C(1) - (1 - Z(P)			
TITLE		DELETE	4 1 TiTLE		Change	Add-tion
NAME CINCEL LODGES			4 2 NAME			
STREET ADDRESS			4.3 STREE ADDRESS			
CITY-ST-ZIP TITLE		C Delete	4.4 CITY - ST - ZIP			
NAME		☐ DELETÉ	5 1 TITLE		☐ Change	Addition
STREET ADDRESS			5 2 NAME			
CITY - S1 - Z-P			5.3 STREE ADDRESS			
TITLE		☐ DELETE	5 4 CITY - 1 1 - ZIP 6 1 TITLE			
NAME			6 2 NAME		☐ Change	Addition
STREET ADDRESS			6.3 STREET ADORESS			ļ
CITY - ST - ZIP			6.4 CTV - \$1-719			

14. I do hereby certify that the information supplied with this fling 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 appears.

SIGNATURE:

Kevin R. Kedzuf

04/22/96

941–682–4101