

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

096 NOV 95 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056563 (6)

1. Corporation Name

LAKE COUNTRY COATINGS, CORPORATION

Principal Place of Business

Mailing Address

POST OFFICE BOX 564
ORANGE SPRINGS FL 32182

POST OFFICE BOX 564
ORANGE SPRINGS FL 32182

REINSTATEMENT

3. Date Incorporated or Qualified 07/21/1985	3a. Date of Last Report
4. FEI Number 59-3327682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2.. Principal Place of Business

2a. Mailing Address

21 102 GRANT DR

26 P.O. BOX 1979

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

INTERLACHEN

INTERLACHEN

24 Zip

25 Country

29 Zip

30 Country

32148

PUTNAM

FL

PUTNAM

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTON, SUZANNE C
121 PUTNAM AVENUE
INDIANATLANTIC FL 32148

01 Name

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

102 GRANT DR

04 City INTERLACHEN

FL

05 Zip Code 32148

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)

Suzanne C. Patton

11/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTON, SUZANNE C	
STREET ADDRESS	24320 NO. EAST 130TH COURT	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTON, ROBERT A	
STREET ADDRESS	POST OFFICE BOX 564	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMISON, CHIP	
STREET ADDRESS	121 PUTNAM AVENUE	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	102 GRANT DR.
1.4 CITY-ST-ZIP	INTERLACHEN FL 32148
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	102 GRANT DR
2.4 CITY-ST-ZIP	INTERLACHEN FL 32148
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SUZANNE C. PATTON, PRES.

10/17/96 (904) 684-1095