

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000058981 (8)
1. Corporation Name
LAKE ECHO ASCOT, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

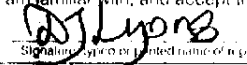
2. Principal Place of Business 21 1340 S. Lk Mirror Drive Suite, Apt. #, etc. 22 City & State Winter Haven FL 23 Zip 33881 24 Country US	2a. Mailing Address 26 1340 S. Lake Mirror Drive Suite, Apt. #, etc. 27 City & State Winter Haven FL 28 Zip 33881 29 Country US
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3. Date Incorporated or Qualified 07/31/1995	4. FEI Number 59-3332193	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Norris, Deirdre
1142 First St South
Winter Haven FL 33880

10. Name and Address of New Registered Agent
81 Name Deborah J. Lyons
82 Street Address (P.O. Box Number is Not Acceptable)
1340 S. Lk. Mirror Drive
83
84 Winter Haven FL 85 Zip Code 33881

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:  10/15/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
	P/D Betty Pike	P.O. Box 791 N/A	Winter Haven FL 33882	☐
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
	D Betty Pike	1340 S. Lk. Mirror Drive	Winter Haven FL 33881	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP	Change	Addition
	P Deborah J. Lyons	1340 S. Lk Mirror Drive	Winter Haven FL 33881	☐	☒
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP	Change	Addition
		200002666332	-10/19/98-01006-047		
		***558.75			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP	Change	Addition

14. I 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 included 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: B Pike 10/15/98 941-299-0056

CR2E034 (5/98)