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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 Dr
22 Suite, Apt. #, etc
23 City & State: Winter Haven FL
24 Zip: 33881 25 Country: US

2a. Mailing Address
26 1340 S. Lake Mirror Drive
27 Suite, Apt. #, etc.
28 City & State: Winter Haven FL
29 Zip: 33881 30 Country: US

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 City: 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: DJLyons 10/15/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	Betty Pike		1.2 NAME	Betty Pike	
STREET ADDRESS	P.O. Box 791 N/A		1.3 STREET ADDRESS	1340 S. Lk. Mirror Drive	
CITY-ST-ZIP	Winter Haven FL 33882		1.4 CITY-ST-ZIP	Winter Haven FL 33881	
TITLE		☐ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME			2.2 NAME	Deborah J. Lyons	
STREET ADDRESS			2.3 STREET ADDRESS	1340 S. Lk Mirror Drive	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Winter Haven FL 33881	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	200002666332	
STREET ADDRESS			4.3 STREET ADDRESS	-10/19/98--01006--047	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***558.75	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

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 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: B Pike 10/15/98 941-299-0056