

**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 FEINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000076012 (0)  
 1. Corporation Name

LANE DODGE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

19630 LOST CREEK DRIVE  
 FORT MYERS FL 33912

19630 LOST CREEK DRIVE  
 FORT MYERS FL 33912

3. Date Incorporated or Qualified <b>10/03/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0613700</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>8695 College Parkway</b>	26 <b>8695 College Parkway</b>
Suite, Apt #, etc. 22 <b>Suite 314</b>	Suite, Apt #, etc. 27 <b>Suite 314</b>
City & State 23 <b>Fort Myers, FL</b>	City & State 28 <b>Fort Myers, FL</b>
Zip 24 <b>33919</b>	Zip 29 <b>33919</b>
Country 25	Country 30

9. Name and Address of Current Registered Agent

BURKE, WILLIAM H ESQ.  
 BOND, SCHOENECK AND KING, P.A.  
 1187 THIRD STREET SOUTH  
 NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name <b>Timothy R. Dodge</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>8695 College Parkway Ste 338</b>
83 <b>19630 Lost Creek Drive</b>	<b>33912</b>
84 City <b>FT Myers</b>	85 Zip Code <b>FL 33919</b>

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 to 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

*Timothy R. Dodge*  
 Signature (Typed or printed name of registered agent and fee-if applicable)

(NOTE: Registered Agent signature required where applicable)

**6/12/96**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LANE-DODGE, LORI A</b>	
STREET ADDRESS	<b>19630 LOST CREEK DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DODGE, TIMOTHY R</b>	
STREET ADDRESS	<b>19630 LOST CREEK DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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: *Timothy R. Dodge*      **6/12/96**      **941-489-1588**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (3/96)