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

DOCUMENT # P95000088490 (4)

1. Corporation Name

LAKE COUNTY PROPERTIES, INC.

Principal Place of Business	Mailing Address
390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO FL 32801	390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO FL 32801

2. Principal Place of Business [21]
Suite, Apt #, etc [22]
City & State [23]
Zip [24] Country [25]

2a. Mailing Address [26]
Suite, Apt #, etc [27]
City & State [28]
Zip [29] Country [30]

3. Date Incorporated or Qualified: 11/17/1995
3a. Date of Last Report:

4. FEI Number: 59-3348740 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL.,INC.
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	☐ DELETE
NAME	C. David Brown, II	
STREET ADDRESS	390 North Orange Avenue, Suite 1100	
CITY-ST-ZIP	Orlando, Florida 32801	
TITLE	D/VP	☐ DELETE
NAME	Robert T. Rosen	
STREET ADDRESS	390 North Orange Avenue, Suite 1100	
CITY-ST-ZIP	Orlando, Florida 32801	
TITLE	VP	☐ DELETE
NAME	Randal M. Alligood	
STREET ADDRESS	390 North Orange Avenue, Suite 1100	
CITY-ST-ZIP	Orlando, Florida 32801	
TITLE	S/T	☐ DELETE
NAME	Janice Myers	
STREET ADDRESS	390 North Orange Avenue, Suite 1100	
CITY-ST-ZIP	Orlando, Florida 32801	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***225.00

06-23-96 02

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: Robert T. Rosen (signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert T. Rosen, Vice President

Date ______ Daytime Phone (407) 839-4200

CR2E034 (3/96)