FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Daytime Phone #

. I 1844 A Di Cid abili bilih bahi bahi abili bahi bahi bahi bahir bilih bilih bilih bahi bahi bahi

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000062530 (6)

appears in Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE:

LAKE HARRIS RIDGE, INC.

Principal Place	Principal Place of Business						-		- LABOTODET LIID JOHAN OLIHT BOHIT BOHIT BOHIT DANKT ODAKO BAHTE TIYODA OLIHOL HAVIJ OCIJ BODI				
225 WEST FIFTH AVENUE MOUNT DORA FL 32757				Mailing Address 225 WEST FIFTH AVENUE MOUNT DORA FL 32757-5505									
MOUNT COMA	rt seisi		MOUN	II DOMA FL	. 92/9/-9300				3. Date Incorporated or Qualified	3a. Da	ite of Last R	eport	
2. Principal P	lace of Busin	ooss	2a. M:	ailing Addri	ess				07/25/1996 4. FEI Number	<u> </u>		oplied For	
			L	-				•		24		ot Applicable	
Suite, Apl	#. etc _T nd	hridge ustrial Pa	Su	ile, Apt. #,	Southr Indus	+ v = v		Dawk			\$8.75		
22	inu	ustilai ra	27		Illuus) LT.T.	11 .	raik	5. Certificate of Status Desired		· · · · · ·	equired	
City & State				ty & State					6. Election Campaign Financing		\$5.00	May Be	
23 Tavar	ces, F			vares	, FL	· . ·			Trust Fund Contribution		Added		
Zip		Country	Zı			Country	*		8. This corporation has liability for i			. 199.032,	
24 32778	3	25 Lake and Address of Curi	29 3 2	2778	30	Ll ₄ a1	ke_				_ No		
			ent registere	a Agent		81	Nan	no	10. Name and Address of New Re	gistered /	agent		
	on, Robei					"	Ivali	ne					
		'H AVENUE					Stre	et Addres	t Address (P.O. Box Number is Not Acceptable)				
MOL	JNT DORA	FL 32757				83							
						. 63	'						
						84	City	,	PT-TT-1	F 1	85 Zip (Code	
41 Ownwart	to the provin	ions of Costions 607.0	402 and 607	IEOO Elosio	In Ctabulan	the above				FL			
office or n	egistered ag	ent, or both, in the Sta	ite of Florida	Such chan	ge was auth	orized b	y the c	corporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose or it the app	changing it ointment as	s registered registered	
agent. La	m tanılıar wi	th, and accept the ob	ligations of, Se	ection 607.	0505, Floridi	a Statute	S.					_	
SIGNATURE	Stocatoro bosed	or printed name of registered	anent and title d an	nlicable	(NOTE: Do	riclored Ao	onl signs	three considered	(when reinstating)	DATE			
12.			ND DIRECTO	·	(NOTE: NO	13.	en bigne	nore required	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	D			X DE	LETE	1.1 TITLE		Pro	esident/Director	2.10 . 1.10	Change	Addition	
NAME	_	ROBERT F JR				1.2 NAME		Ri	chard Baugh			34 2 · · · · · · · · · · · · · · · · · · ·	
STHEET ADDRESS		T FIFTH AVENUE				1.3 STREE			341 Southridge In	duet	riol ·	Drivo	
C!TY-\$1-7IP		OORA FL 32757				1.4 CiTY-1		Ta	vares, FL 32778	uus c	IIAI .	DITAG	
TITLE				☐ DE	LETE	2.1 TITLE		Sec	cretary/Treasurer	/Dir	Chappen	X) Addition	
NAME)						2.2 NAME		Wi	lliam M. Rhodes	1011	60101		
STREET ADDRESS						2.3 STREE	T ADDRES	ss 38	430 Timberlane Dr	1370	•		
CITY-ST-ZIP						2. 4 CITY-		Uma	430 Timberlane Dr atilla, FL 32784	TAG			
TITLE				☐] DE	LETE	3.1 TITLE		Di:	rector		Change	X Addition	
NAME						3.2 NAME		Jac	ck K. Austin				
STREET ADDRESS						3.3 STREE	T ADDRES	$_{ m SS}$ \mid P $_{ m c}$	0. Box 480 🔥 🛝	IA			
City-st-zie						3.4. CITY-	ST-ZIP	Uma	atilla, FL 32784				
TITLE				☐ DE	LÉTE	4,1 TITLE					Change	Addition	
NAME						4. 2 NAME							
STREET ADDRESS						4.3 STREET	T ADDRES	ss					
CITY-SI-ZIF						4.4 CITY - S	ST-ZIP						
FITLE		A		DE	LETE	5.1 TITLE					Change	Addition	
NAME					ŀ	5.2 NAME							
STREET ADDRESS						5.3 STREET	T ADDRES	ss					
CITY-ST-ZIP						5.4 CITY - S	91 <u>5</u> -72						
TITLE				DE	LETE	6.1 TITLE					Change	Addition	
NAME						6.2 NAME							
STREET ADORESS		•			1	6.3 STREET	T ADDRES	SS					
CITY - ST - ZIP						6.4 CITY-5							
14. I do hereb	by certify that	t the information supp	lied with this fi	iling does r	not qualify fo	r the exe	emption	n stated in	n Section 119.07(3)(i), Florida Statutes ny signature shall have the same legal	. I further	certify that	the	
t am an of	flicer or direc	stor of the corporation	or the receive	r or trustee	empowere	d to exec	cute th	is report a	iy signature shall have the same lega as required by Chapter 607, Florida S	tatutes; ar	n made und nd that my r	oer oarr; mat name	

Richard Baugh