

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

APPROVED
AND
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1997 JUN 26 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103818

1. Corporation Name

Lake Bass Investments, Inc.

Principal Place of Business

Mailing Address

~~223~~ GOLF AIRE BLVD
WINTER HAVEN, FL 33884

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/23/96	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEY Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERVIN ROSS
241 GOLF AIRE BLVD
WINTER HAVEN, FL 33884

81 Name ARNOLD L STEVENSON
82 Street Address (P.O. Box Number is Not Acceptable)
223 GOLF AIRE BLVD
83
84 City WINTER HAVEN FL 85 Zip Code 33884

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 ERVIN ROSS *Ervin Ross* 6/23/97

Signature, typed or printed name of registered agent, and title if applicable

(NOT: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE P	ARNOLD L STEVENSON <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	223 GOLF AIRE BLVD
STREET ADDRESS		13 STREET ADDRESS	WINTER HAVEN, FL 33884
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VP	ERVIN ROSS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	241 GOLF AIRE BLVD
STREET ADDRESS		23 STREET ADDRESS	WINTER HAVEN, FL 33884
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE SEC	HENRY E BRANDT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	204 GOLF AIRE BLVD
STREET ADDRESS		33 STREET ADDRESS	WINTER, HAVEN FL 33884
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	500002227725-0
STREET ADDRESS		43 STREET ADDRESS	-07/01/97--01054--024
CITY-ST-ZIP		44 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: ERVIN ROSS *Ervin Ross* 6/23/97 941 3269171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)