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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90014 005 ***150.00

DOCUMENT # P97000057662

1. Corporation Name

LAKE REGION ACCOUNTING & TAX SERVICE, INC.

Principal Place of Business		Mailing Address							
29118 SHORT ST. LEESBURG FL 34748		PO BOX 490925 LEESBURG FL 34749			DO NOT WEST	E IN THE	CDACE		
					DO NOT WRIT	E IN THIS	SPACE		1
					3. Date Incorporated or Qualifed				
					06/25/1997			<u>-</u>	-
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For	-
4		26			59-3453770			t Applicable	4
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27				\$8.75 Additional Fee Required		
		!							
City & State		City & State	h '			6. Election Campaign Financing \$5.00 May Be			
·		28			Trust Fund Contribution Added to Fees				1
Zip Country		Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax Yes No				
***	(25)	29 30	Ι,		Personal Property Tax.	4 4		LINO	-
	9. Name and Address of Curre	nt Registered Agent		.1	10. Name and Address of New R	agistered A	gent		1
DOL	DEDCON DUTU		8	Name					
BOLDERSON, RUTH			8:	2 Street	Address (P.O. Box Number is Not Acceptate	ss (P.O. Box Number is Not Acceptable)			
	8 SHORT STREET		<u> </u>	1					1
LEES	SBURG FL 34748		8	3					
			8-	4 City	<u> </u>	FL	85 Zip C	Code	1
	The second of th			1			hanging its	registered	-
office or s	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was auth	onzed b	y the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	the appoin	tment as rec	gistered	
SIGNATURE									1
	Signature, typed or printed name of registered ag-	.,		ent signature r	equired when reinstating)	DATE	D DIDECTO	DC IN 122	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN		Addition	
TITLE	P	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	1
NAME	BOLDERSON, RUTH	1.2							3
STREET ADDRESS	29118 SHORT ST.		1.3 STRE	ET ADDRESS					}
CITY-ST-ZIP	LEESBURG FL 34748		1.4 CITY-ST-ZIP						Ţġ
TITLE	V	☐ DELETE	2.1 TITLE				Change	☐ Addition	`
NAME	BOLDERSON, JACK		2.2 NAME						
STREET ADDRESS	29118 SHORT ST. 23		2.3 STREET ADDRESS						
CITY-ST-ZIP	LEESBURG FL 34748		2. 4 CITY-ST-ZIP		<u>.</u>				4
TITLE	•	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NÁME	32		32 NAME						
STREET ADDRESS		j	3.3 STREET ADDRESS						1
CiTY-ST-ZIP		3.4. CITY-ST-ZIP						1	
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME		4, 2 N		Ē					

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

54 CITY-ST-ZIP

4 4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

□ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

☐ Addition

Addition