


**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90060 024 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000047961

1. Corporation Name

PREMIERE ENTERPRISES OF LAKE COUNTY, INC.

Principal Place of Business

15146 ARABIAN WAY  
MONTVERDE FL 34756

Mailing Address

POST OFFICE BOX 120968  
CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

59-3514279

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax: ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25 29 30 34712 USA

2a. Mailing Address

26 PO Box 120309

27 Suite, Apt. #, etc.

28 City &amp; State

29 30 34712 USA

9. Name and Address of Current Registered Agent

TAYLOR, THOMAS M  
15146 ARABIAN WAY  
MONTVERDE FL 34756

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 ☐ DELETENAME PD  
TAYLOR, THOMAS M  
STREET ADDRESS 15146 ARABIAN WAY  
CITY-ST-ZIP MONTVERDE FL 34756TITLE ☐ DELETENAME VPO  
TAYLOR, JO ANN M  
STREET ADDRESS 15146 ARABIAN WAY  
CITY-ST-ZIP MONTVERDE FL 34756TITLE ☒ DELETENAME SD  
WILLIAMS, DENNIS  
STREET ADDRESS 16220 FOUR LAKES LANE  
CITY-ST-ZIP MONTVERDE FL 34756TITLE ☒ DELETENAME TD  
WILLIAMS, DEBORAH  
STREET ADDRESS 16220 FOUR LAKES LANE  
CITY-ST-ZIP MONTVERDE FL 34756TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

4/2/99 (352) 242-0414

CR2E034 (1/98)