

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S02836**

(2)

1. Corporation Name
LAKE HELEN PROPERTIES, INC.



Principal Place of Business

**176 EUCLID AVE. NORTH
LAKE HELEN FL 32744**

Mailing Address

**176 EUCLID AVE. NORTH
LAKE HELEN FL 32744**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/24/1990

3a. Date of Last Report

02/06/1995

4. FEI Number

59-3032029

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

10. Name and Address of New Registered Agent

**TAYLOR AND EARLY PA
112 N FLORIDA AVE
DELAND FL 32720**

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 607.0027 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 607.0005, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all corporations)

Signature of Registered Agent (Required for corporations with stock)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

TITLE	VPP	<input type="checkbox"/> DELETE
NAME	BRAYMAN, DARRYL W	
STREET ADDRESS	7713 BASSETT DRIVE	
CITY, STATE, ZIP	HUBER HEIGHTS OH	
TITLE	PMD	<input type="checkbox"/> DELETE
NAME	LONG, LEWIS C., III	
STREET ADDRESS	176 EUCLID AVE N	
CITY, STATE, ZIP	LAKE HELEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LONG, CARYN G.	
STREET ADDRESS	176 EUCLID AVE N	
CITY, STATE, ZIP	LAKE HELEN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOVE, CHASE C., III	
STREET ADDRESS	6423 B NEW LONDON RD	
CITY, STATE, ZIP	NEW MARKET MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, STATE, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, STATE, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, STATE, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, STATE, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, STATE, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, STATE, ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lewis C. Long III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Feb 96 *904/228-2646*
DATE TIME

CR2E034 (12/95)