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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Feb 13 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S02836

(2)

LAKE HELEN PROPERTIES, INC.

Principal Plac	e of Business	Mailing Address			- I THEKATA SHI BATHA ISAMA (BIARA HIJIR BINT	DJOH DIDIR BE	AR DIDAU WIND	<b>0</b>   0  1  0  1	
176 EUCLID AVE. NORTH LAKE HELEN FL 32744		176 EUCLID AVE. NORTH LAKE HELEN FL 32744-2606							
						<ol> <li>Date Incorporated or Qualified 09/24/1990</li> </ol>		e of Last F 1/1996	Report
<b>—</b>	lace of Business	2a. Mailing Address				4. FEI Number	<u></u>	A	pplied For
21		26			59-3032029 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional	
City & State	Δ	City & State				£ Floation Compaign Financian			equired
23	v	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country		Zip				8. This corporation has liability for intangible tax under s.			
24	25 29 30		30			Florida Statutes XYes \( \sum \text{No} \)			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	istered A	gent	
TAYI	OR AND EARLY PA			81	Name				
112 N FLORIDA AVE			-	82	Street Address (P.O. Box Number is Not Acceptable)				
DEL	ND FL 32720			_					
				83					
			-	84	City	<u></u>	FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Sta	itutes the ah		-named corn	pration submits this statement for the p		hanging i	its registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change wa	as authorized	by l	the corporation	on's board of directors. I hereby accep	t the appo	niment as	registered
	m familiar with, and accept the obri	gations or, section 607.0505,	Fiolida Stati	JIG5	•				
SIGNATURE	Signature, typed or printed name of registered a	gent and little if applicable. (#	NOTE Registered	Ager	nt signature require	d when re-instating)	DATE		<del></del>
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	<b>VPP</b> DELETE		1 1 TIT	1 1 TITLE				Change	Addition
NAME	Brayman, Darryl W		1.2 NA	ME					
STREET ADDRESS	7713 BASSETT DRIVE		1.3 STI	REET A	ADDRESS				
CITY-ST-ZIP	HUBER HEIGHTS OH			1.4 CITY-ST-ZIP					
TITLE	PMD	☐ DELETE	2.1 TIT	LE				Change	☐ Addition
NAME	LONG, LEWIS C., III		2.2 NA	2.2 NAME					
STREET ADDRESS	176 EUCLID AVE N		2.3 \$11	REET A	ADDRESS				
CITY-ST-ZIP	LAKE HELEN FL			2. 4 CITY - ST - ZIP					
TITLE	SD	L_] DELETE	3.1 TIT				ι	Change	Addition
NAME	LONG, CARYN G.		3.2 NA	ME					
STREET ADDRESS	176 EUCLID AVE N				ADDRESS				
CITY-ST-ZIP	LAKE HELEN FL	I pritte	3.4. CI		1-ZIP			7.05	1.4490
TITLE	T COME CHACE O III	☐ DELETE	4.1 TIT				L	Change	☐ Addition
NAME	GOVE, CHASE C., IN		4. 2 NA						
STREET ADDRESS	6423 B NEW LONDON RD				ADDRESS	,			
CITY-ST-ZIP TITLE	NEW MARKET MD	DELETE	4.4 CIT 5.1 TIT		- ZIP			Change	Addition
								change	L) Addition
NAME STREET ADDRESS			5.2 NAI		ADDRESS				
					1				
CITY-ST-ZIP TITLE		DELETE	5.4 CIT		-ZIF	<del>-</del>		Change	Addition
NAME .		_ 5	6.2 NA						
STREET ANNIBESS	•				ADDRESS				

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