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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S02836

(2)

LAKE HELEN PROPERTIES, INC.

Principal Place of Business

Mailing Address

176 EUCLID AVE, NORTH LAKE HELEN FL 32744 176 EUCLID AVE. NORTH LAKE HELEN FL 32744 FILED Jan 22 1998 8:00am Secretary of State

Drive December					DO NOT WRITE	E IN THIS SPAC	Œ
					3. Date Incorporated or Qualified		
1					09/24/1990		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	10000	Applied For
21		26			59-3032029	Har	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc						□ \$	8.75 Additional
27					5. Certificate of Status Desired		Fee Required
City & State City & St					6. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Cot	intry	8. This corporation owes or has p	aid the current	year Intangible
24	25	29	30		Personal Property Tax due Jun		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Ager	ıt
TA	(LOR AND EARLY PA			81 Name			
112 N FLORIDA AVE				82 Street Addr	ess (P.O. Box Number is Not Accepta	ahle)	
DELAND FL 32720				Sireer Addit	ess (F.O. Box Nulliber is Not Accepte	Diej	
שניים ו שניים				83			
				84 City		FL 85	Zip Code
dd Dureuset	to the provisions of Sections 607 0503	and 607 1508 Florida Statu	tes the a	hove-named corn	oration submits this statement for the		naina its reaistered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was	authorize	d by the corporati	ion's board of directors. I hereby acce	ept the appointn	nent as registered
agent.1a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fi	lorida Sta	tutes.			
SIGNATURE	Signature, typed or printed name of registered agen	and title if annihoods (N/C)	TE: Dogistare	d Agent signature require	and when reinstation)	DATE	
12.	OFFICERS AND		13.	a regard and taxono toquit	ADDITIONS/CHANGES TO OFF		ECTORS IN 12
TITLE	VPP	DELETE	1.1 7	TLE	7.557110110,5174111110		Change
NAME	BRAYMAN, DARRYL W		1.2 N	AME			
	7713 BASSETT DRIVE			TREET ADDRESS			
STREET ADDRESS	HUBER HEIGHTS OH			ITY-ST-ZIP			
CITY-ST-ZIP	PMD	DELETE	2.1 7				Change
TITLE	LONG. LEWIS C., III		2.2 N				-
NAME	176 EUCLID AVE N						
STREET ADORESS				TREET ADDRESS			
CITY - ST - ZIP	LAKE HELEN FL	l pereze	_	CITY-ST-ZIP			Change Addition
TITLE	SD	☐ DELETE	3.1 ₹			Ц,	wiende TTI voorrior
NAME	LONG, CARYN G.		3.2 N				
STREET ADDRESS	176 EUCLID AVE N			TREET ADDRESS			
CITY-ST-ZIP	LAKE HELEN FL	···		CITY - ST - ZIP			Channa I Addres
TITLE	T	DELETE	4.1 T	TLE		<u>. </u>	Change
NAME	GOVE, CHASE C., III		4.21	IAME			
STREET ADDRESS	6423 B NEW LONDON RD		4.3 S	TREET ADDRESS			
CITY-ST-ZIP	NEW MARKET MD		4.4 0	ITY-\$T-ZIP			
TITLE		DELETE	5.1 T	TLE			Change 🔲 Addition
NAME			5.2 N	AME			
STREET ADDRESS			5,3 \$	TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		☐ DELETE	6.1 T				Change 🔲 Addition
NAME			6.2 N				
				TREET ADDRESS			
STREET ADDRESS				;			
CITY-ST-ZIP			6.4 0	ITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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.

CICMATI IDE.

Levelie NC 1

Lewis C. Long

904/228-264