FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **S48433** **(4)**

1. Corporation Name
LAKOL, INC.

Principal Place of Business	Mailing Address
BOX 9827 NAPLES FL 33941	BOX 9827 NAPLES FL 33941

3. Date Incorporated or Qualified: **04/25/1991**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business
21 1902 Elso St.
Suite, Apt. #, etc.
22
City & State
23 Naples, FL.
Zip 24 33942 Country 25 COLLIER

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0328842** ☐ 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

9. Name and Address of Current Registered Agent

FORMAN, ROBERT S.
~~800 E BROWARD BLVD~~
~~SUITE 608 CUMBERLAND BLDG~~
~~FT LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd.
83 Suite 4100
84 City Ft. Lauderdale FL 85 Zip Code 33309

11. Pursuant to the provisions of Section 607.0502 and 607.1504, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KUBALA, SUSAN		1.2 NAME		
STREET ADDRESS	~~3427 EXCHANGE AVE~~		1.3 STREET ADDRESS	1902 Elso St.	
CITY-ST-ZIP	~~NAPLES FL~~		1.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KUBALA, STEPHEN		2.2 NAME		
STREET ADDRESS	~~3427 EXCHANGE AVE~~		2.3 STREET ADDRESS	1902 Elso St.	
CITY-ST-ZIP	~~NAPLES FL~~		2.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Susan Kubala 3-15-96 941-592-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #