FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 18 PM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05245 (8)

1. Corporation Name
LAKE COUNTY MULTIPLE LISTING SERVICE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
725 E. ALFRED STREET TAVARES FL 32778	P. O. BOX 1005 TAVARES FL 32778

3. Date Incorporated or Qualified: 01/08/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-3102177 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODGERS, BRENDA C.
725 E. ALFRED STREET
TAVARES FL 32778

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 Brenda C Rodgers 4-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LACKEY, DONALD J.	1.2 NAME	BRIAN SILBERNAGEL	
STREET ADDRESS	2835 W OLD HWY 441	1.3 STREET ADDRESS	2201 SOUTH BAY STREET	
CITY-ST-ZIP	MOUNT DORA FL	1.4 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	VPD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SILBRNAGEL, BRIAN	2.2 NAME	ALLAN JONES	
STREET ADDRESS	P.O. BOX 1190	2.3 STREET ADDRESS	135 WEST 5TH ST	
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	MT DORA, FL 32757	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HOTTLE, MARILYN	3.2 NAME	JEAN WILLIAMS	
STREET ADDRESS	100 W 5TH AVE	3.3 STREET ADDRESS	17521 US HWY 441 STE-21	
CITY-ST-ZIP	MOUNT DORA FL	3.4 CITY-ST-ZIP	MT DORA, FL 32757	
TITLE	TD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWN, WILLIAM	4.2 NAME	REBECCA J MCPHERSON	
STREET ADDRESS	2101 S BAY ST	4.3 STREET ADDRESS	2290 S BAY ST	
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	D	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	SPOONER, SAMUEL O.	5.2 NAME	JEAN B. KARR	
STREET ADDRESS	550 S HIGHLAND ST	5.3 STREET ADDRESS	120 E 4TH AVE	
CITY-ST-ZIP	MOUNT DORA FL	5.4 CITY-ST-ZIP	MT DORA, FL 32757	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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: Brian Silbernagel 4/14/95 (904) 343-3003
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR Date Daytime Phone #

0419020 PP