

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 # **V05245 (8)**
1. Corporation Name
LAKE COUNTY MULTIPLE LISTING SERVICE, INC.



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

3. Date Incorporated or Qualified: **01/08/1992**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-3102177**
5. Certificate of Status Desired: **X[X]** **\$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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

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* EXECUTIVE VICE PRESIDENT APRIL 29, 1996
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, ALLAN	
STREET ADDRESS	135 W 5TH ST	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILBRNAGEL, BRIAN	
STREET ADDRESS	2201 S BAY ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JEAN	
STREET ADDRESS	17521 US HWY 441 STE 21	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCPHERSON, REBECCA J.	
STREET ADDRESS	2290 S BAY ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KARR, JEAN B.	
STREET ADDRESS	120 E 4TH AVE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PURYEAR, MARVIN	
1.3 STREET ADDRESS	304 E. BROAD STREET	
1.4 CITY-ST-ZIP	GROVELAND, FLORIDA 34736	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOTTLE, MARILYN	
2.3 STREET ADDRESS	100 W. 5TH AVENUE	
2.4 CITY-ST-ZIP	MT. DORA, FLORIDA 32757	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHITTESTER, DOTTI	
3.3 STREET ADDRESS	777 DONNELLY STREET	
3.4 CITY-ST-ZIP	MT. DORA, FLORIDA 32757	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HERRELL, JON	
4.3 STREET ADDRESS	550 S. HIGHLAND STREET	
4.4 CITY-ST-ZIP	MT. DORA, FLORIDA 32757	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MILLER, DONALD	
5.3 STREET ADDRESS	P O BOX 1198 N/A	
5.4 CITY-ST-ZIP	MT. DORA, FLORIDA 32757	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: *Donald Miller* 4-29-96 352-383-2186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)