

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V05245 (8)**

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

Principal Place of Business <b>725 E. ALFRED STREET TAVARES FL 32778</b>	Mailing Address <b>P. O. BOX 1005 TAVARES FL 32778-1005</b>
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/08/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
21		26		4. FEI Number <b>59-3102177</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RODGERS, BRENDA C. 725 E. ALFRED STREET TAVARES FL 32778</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				<b>FL</b>	

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* *Brenda C Rodgers Executive Vice President* 5/1/97  
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	VD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PURYEAR, MARVIN			1.2 NAME	TERRY HICKS		
STREET ADDRESS	304 E. BROAD ST.			1.3 STREET ADDRESS	108 LAGRANDE BLVD		
CITY-ST-ZIP	GROVELAND FL 34736			1.4 CITY-ST-ZIP	LADY LAKE, FL 32159		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOTTLE, MARLYN			2.2 NAME	DEBBIE WILLIAMS		
STREET ADDRESS	100 W. 5TH AVE.			2.3 STREET ADDRESS	139 US 27/CITRUS TOWER PLAZA		
CITY-ST-ZIP	MT. DORA FL 32757			2.4 CITY-ST-ZIP	CLERMONT, FL 34711		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHITTESTER, DOTI			3.2 NAME	RALPH KEELER		
STREET ADDRESS	777 DONNELLY ST.			3.3 STREET ADDRESS	18500 HWY 441		
CITY-ST-ZIP	MT. DORA FL 32757			3.4 CITY-ST-ZIP	MT DORA, FL 32757		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRELL, JON			4.2 NAME	ARNOLD "DUKE" HUEBNER		
STREET ADDRESS	550 S. HIGHLAND ST.			4.3 STREET ADDRESS	2290 S BAY ST		
CITY-ST-ZIP	MT. DORA FL 32757			4.4 CITY-ST-ZIP	EUSTIS, FL 32726		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DANALD			5.2 NAME	BECKI MCPHERSON		
STREET ADDRESS	PO BOX 1198 N/A			5.3 STREET ADDRESS	2290 S BAY ST		
CITY-ST-ZIP	MT. DORA FL 32757			5.4 CITY-ST-ZIP	EUSTIS, FL 32726		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Ralph Keeler* *Ralph Keeler Treasurer* 5/1/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)