

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

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Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/08/1992</b>	
21		26		4. FEI Number <b>59-3102177</b>	Applied For Not Applicable
Suite Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <b>XX</b> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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
		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 Rodgers **EXECUTIVE VICE PRESIDENT** **MARCH 27, 1998**  
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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, TERRY	1.2 NAME	PURYEAR, MARVIN
STREET ADDRESS	108 LAGRANDE BLVD	1.3 STREET ADDRESS	350 E. HIGHWAY 50
CITY-ST-ZIP	LADY LAKE FL 32159	1.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DEBBIE	2.2 NAME	PERRY, JOYCE
STREET ADDRESS	139 US 27/CITRUS TOWER PLAZA	2.3 STREET ADDRESS	2023 W OLD HWY 441
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELER, RALPH	3.2 NAME	MENACHO, DOROTHY
STREET ADDRESS	18500 HWY 441	3.3 STREET ADDRESS	2309 W MAIN STREET
CITY-ST-ZIP	MT DORA FL 30757	3.4 CITY-ST-ZIP	LEESBURG FL 34748
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUEBNER, ARNOLD	4.2 NAME	EVANS, BILL
STREET ADDRESS	2280 S BAY ST	4.3 STREET ADDRESS	102 W BURLEIGH BLVD
CITY-ST-ZIP	EUSTIS FL 32728	4.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, BECKI	5.2 NAME	DAVIS, CHRIS
STREET ADDRESS	2280 S BAY ST	5.3 STREET ADDRESS	400 EAST HIGHWAY 50
CITY-ST-ZIP	EUSTIS FL 32728	5.4 CITY-ST-ZIP	CLERMONT, FL 34711
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 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: MARVIN PURYEAR - PRESIDENT **3/27/98** **352-394-5900**

CR2E034 (10/97)