

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90106 050 ***150.00

DOCUMENT # V05245

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

3. Date Incorporated or Qualified

01/08/1992

4. FEI Number

59-3102177

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Brenda C Rodgers BRENDA C RODGERS EVP 4-13-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PURYEAR, MARVIN	350 E HIGHWAY 50	CLERMONT FL 34711	<input checked="" type="checkbox"/>
SD	PERRY, JOYCE	2023 W OLD HWY 441	MOUNT DORA FL 32757	<input checked="" type="checkbox"/>
TD	MENACHO, DOROTHY	2309 W MAIN STREET	LEESBURG FL 34748	<input checked="" type="checkbox"/>
VD	EVANS, BILL	102 W BURLEIGH BLVD	TAVARES FL 32778	<input type="checkbox"/>
D	DAVIS, CHRIS	400 EAST HIGHWAY 50	CLERMONT FL 34711	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	HUEBNER, ARNOLD	2290 S. BAY ST.	EUSTIS, FL 32726	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	HOTTLE, MARILYN	600 N. DONNELLY ST.	MT. DORA, FL 32757	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	ENIX, ANGELINA	102 W. BURLEIGH BLVD	TAVARES, FL 32778-2406	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	BONJORN, PAM	516 W. HWY 50	CLERMONT, FL 34711	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PED	EVANS, BILL			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold Huebner ARNOLD HUEBNER 7/12/99 352-343-3003