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 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V45718 (6)

1. Corporation Name
LAKE TECHNOLOGY PRODUCTS, INC.

Principal Place of Business	Mailing Address
28248 COUNTY RD. 561 TAVARES FL 32778 US	P. O. BOX 267 TAVARES FL 32778 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1992
3a. Date of Last Report: 06/06/1994

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

4. FEI Number: 59-3129427 ☐ 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

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

9. Name and Address of Current Registered Agent

GEIST, RANDALL R
26 MARLWOOD LANE
PALM BEACH FL 33418

10. Name and Address of New Registered Agent

81 Name: DUFFEY, THOMAS M.
82 Street Address (P.O. Box Number is Not Acceptable): 28248 COUNTY ROAD 561
83
84 City: TAVARES FL 85 Zip Code: 32778

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: THOMAS M. DUFFEY — APRIL 5, 1995
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DUFFEY, THOMAS M.	1.2 NAME	
STREET ADDRESS	28248 COUNTY RD. 561	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	RHINEHART, JOHN D.	2.2 NAME	
STREET ADDRESS	28248 COUNTY RD. 561	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SHERK, GORDON G.	3.2 NAME	
STREET ADDRESS	1147 W. RUDISILL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN 46807	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	~~WILLEY, ROBERT C.~~	4.2 NAME	NONE
STREET ADDRESS	~~28248 COUNTY RD. 561~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAVARES FL 32778~~	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GEIST, RANDALL R.	5.2 NAME	
STREET ADDRESS	26 MARLWOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	5.4 CITY-ST-ZIP	
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)(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: THOMAS M. DUFFEY — APRIL 5, 1995 — 904-742-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas M. Duffey, PRESIDENT

C415000 FP