

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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



3. Date Incorporated or Qualified

06/24/1992

3a. Date of Last Report

04/18/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~1. DUFFEY, THOMAS M.~~  
~~28248 COUNTY ROAD 561~~  
~~TAVARES FL 32778~~

81 Name RANDALL R. GUEST

82 Street Address (P.O. Box Number is Not Acceptable)

26 MARLBORO LANE

83 PALM BEACH GARDENS

84 City FLORIDA

FL

85 Zip Code 33418

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, 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 ☒ DELETE  
NAME DUFFEY, THOMAS M.  
STREET ADDRESS 28248 COUNTY RD. 561  
CITY-ST-ZIP TAVARES FL 32778

TITLE VP ☒ DELETE  
NAME RHINEHART, JOHN D.  
STREET ADDRESS 28248 COUNTY RD. 561  
CITY-ST-ZIP TAVARES FL 32778

TITLE S ☐ DELETE  
NAME SHERK, GORDON G.  
STREET ADDRESS 1147 W. RUDISILL BLVD.  
CITY-ST-ZIP FORT WAYNE IN 46807

TITLE D ☐ DELETE  
NAME GEIST, RANDALL R.  
STREET ADDRESS 26 MARLBORO LANE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE P ☐ DELETE  
NAME JOSEPH GELINAS  
STREET ADDRESS 28248 COUNTY ROAD 561  
CITY-ST-ZIP TAVARES, FLORIDA 32778

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96

3527421777

Date

Daytime Phone #

CR2E034 (3/96)