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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:29

DOCUMENT # 267241 (8)

1. Corporation Name
EAGLE LAKE SHOPPING CENTER, INC.

Principal Place of Business	Mailing Address
606 CYPRESS GARDEN BLVD. P.O.BOX 2089 WINTER HAVEN FL 33880	606 CYPRESS GARDEN BLVD. P.O.BOX 2089 WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/18/1963
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1001485 ☐ 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

9. Name and Address of Current Registered Agent

DAVIS, DENNIS G
223 NASSAU RD
WINTER HAVEN FL 33880

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

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WITTENBERG, BARBARA J.
STREET ADDRESS	142 LAKE RING DR.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	STD
NAME	GEE, JUANITA V.
STREET ADDRESS	1926 FOXHOLLOW DRIVE E.
CITY - ST - ZIP	AUBURNDALE FL
TITLE	PD
NAME	DAVIS, DENNIS G
STREET ADDRESS	223 NASSAU RD
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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(1)(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: DENNIS G. DAVIS [signature] 1/11/95 (813) 294-3254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314720 CP