FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # **515222** **(8)**

1. Corporation Name
SHADY OAK FISH CAMP, INC.

Principal Place of Business
2984 OLD NEW YORK AVENUE
DELAND FL 32720

Mailing Address
2984 OLD NEW YORK AVENUE
DELAND FL 32720

3. Date Incorporated or Qualified: **09/28/1976**
3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-1793670** — 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
21
Suite, Apt. #, etc. 22 — SAME
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
BAIGA, HAZEL
[redacted] 2984 OLD NEW YORK AVE
DELAND FL 32720

10. Name and Address of New Registered Agent
81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2984 OLD NY AVE
83
84 City: DELAND FL 85 Zip Code: 32720

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: Hazel Baiga — DATE: 1-30-96

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	SLOAN, ROBERT L.	
STREET ADDRESS	OLD NEW YORK AVE BX 2984	
CITY, ST, ZIP	DELAND FL	
TITLE	S	☐ DELETE
NAME	SLOAN, ERVIN W.	
STREET ADDRESS	1957 W. BLUE SPRINGS AVE.	
CITY, ST, ZIP	ORANGE CITY FL	
TITLE	ST	☑ DELETE
NAME	SLOAN, AILEEN	
STREET ADDRESS	OLD NEW YORK AVE BX 2981	
CITY, ST, ZIP	DELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SAME	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
3.2 NAME	SLOAN, PRESTON O.	
3.3 STREET ADDRESS	OLD NY AVE - 2984	
3.4 CITY-ST-ZIP	DELAND FL 32720	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hazel Baiga — 1-30-96 — 904-734-9715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hazel Baiga

CR2E034 (12/95)