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

DOCUMENT # **586393** **(1)**

1. Corporation Name

BAY LAKE GROVES, INC.

Principal Place of Business

9417 BAY LAKE ROAD
GROVELAND FL 34736-9491

Mailing Address

9417 BAY LAKE ROAD
GROVELAND FL 34736-9491

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: **09/13/1978**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-1867761** 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

BLANCHARD, JOHN D.
931 W. MONTROSE STREET
CLERMONT, FL LP 32711

10. Name and Address of New Registered Agent

81 Name: Juanita Kuharske
82 Street Address (P.O. Box Number is Not Acceptable): 9417 Bay Lake Road
83
84 City: Groveland **FL** 85 Zip Code: 34736

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: Juanita K Kuharske TREAS. Juanita K Kuharske 4-9-96
Signature of Registered Agent Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	KUHARSKE, CHARLES G.	
STREET ADDRESS	9417 BAY LAKE ROAD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	☒ DELETE
NAME	KUHARSKE, CHARLES O	
STREET ADDRESS	9210 BAY LAKE ROAD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	TD	☒ DELETE
NAME	KUHARSKE, JUANITA K.	
STREET ADDRESS	9417 BAY LAKE ROAD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	☒ DELETE
NAME	BAYSINGER, NANCY	
STREET ADDRESS	9417 BAY LAKE ROAD	
CITY-ST-ZIP	GROVELAND FL	
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	P	☒ Change ☐ Addition
1.2 NAME	Kuharske, Milton	
1.3 STREET ADDRESS	2035 Biglerville Road	
1.4 CITY-ST-ZIP	Gettysburg, PA 17325	
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	Baysinger, Nancy	
2.3 STREET ADDRESS	12648 Lakeshore Drive	
2.4 CITY-ST-ZIP	Clermont, FL 34711	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	Kuharske, Juanita	
3.3 STREET ADDRESS	9417 Bay Lake Road	
3.4 CITY-ST-ZIP	Groveland, FL 34736	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report 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 supplement if 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 the 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: Juanita K Kuharske 4-9-96 352-429-3423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

Juanita K. Kuharske TREAS.