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 # 645549 (7)

1. Corporation Name

LAKE CITY COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
RT 13 BOX 436 LAKE CITY FL 32055	RT 13 BOX 436 LAKE CITY FL 32055

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **11/19/1979**

3a. Date of Last Report: **04/06/1995**

4. FEI Number: **59-1991863** ☐ 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

FERGUSON, DALE C.
111 W. MADISON STREET
LAKE CITY FL 32055

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: DALE C. FERGUSON Dale C. Ferguson 4/24/96
Signature, typed or printed name of Registered Agent and title if applicable — (NOTE: Each Registered Agent signature is required by law) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, DALE C		1.2 NAME		
STREET ADDRESS	111 W MADISON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, ROBERT		2.2 NAME		
STREET ADDRESS	RT. 13 BOX 521		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~PAUL, ALEX~~		3.2 NAME	WHITAKER, HOWARD	
STREET ADDRESS	~~1855 MCFARLANE AVE.~~		3.3 STREET ADDRESS	RT. 13 BOX 331-31	
CITY-ST-ZIP	~~LAKE CITY L~~		3.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~JOHNSON, TYSON~~		4.2 NAME	GREEN, ROBIN	
STREET ADDRESS	~~RT 8 BOX 851~~		4.3 STREET ADDRESS	2250 INGLEWOOD DR.	
CITY-ST-ZIP	~~LAKE CITY, FL 00000~~		4.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Dale C. Ferguson 4/24/96 904/752-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #