FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756858 (7)

1. Corporation Name
LAKE BENTLEY SHORES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1920 EDGEWOOD DR. ~~[illegible] STREET~~ LAKELAND FL 33803 US	1920 EDGEWOOD DR. ~~[illegible] STREET~~ LAKELAND FL 33803 US

3. Date Incorporated or Qualified: 03/19/1981
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2110877 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER, MARK
~~101 SOUTH FLORIDA AVE.~~
~~LAKELAND FL 33802~~

10. Name and Address of New Registered Agent

81 Name: MARK MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 1 LAKE MORTON DRIVE
83
84 City: LAKELAND FL 85 Zip Code: 33801

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] President — 2-9-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LAWN, BARBARA	1.2 NAME	
STREET ADDRESS	4268 STAFFORD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	~~S~~ S/D	2.1 TITLE	☐ Change ☐ Addition
NAME	BUNDY, GLORIA	2.2 NAME	
STREET ADDRESS	1920 E EDGEWOOD DR M-4	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	WHEELOCK, DANNY	3.2 NAME	
STREET ADDRESS	750 SCOTT LAKE VILLAGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	~~VD~~	4.1 TITLE	T/D ☐ Change ☐ Addition
NAME	~~WINKLER, GRACE~~	4.2 NAME	Mike Melito
STREET ADDRESS	~~1920 E. EDGEWOOD, #D-9~~	4.3 STREET ADDRESS	1920 Edgewood Dr. S-2
CITY-ST-ZIP	~~LAKELAND FL~~	4.4 CITY-ST-ZIP	Lakeland FL 33803
TITLE	~~SD~~	5.1 TITLE	VP ☐ Change ☐ Addition
NAME	~~CLEAVER, JUDY~~	5.2 NAME	Charles Distler
STREET ADDRESS	~~1920 E EDGEWOOD DR. #M-8~~	5.3 STREET ADDRESS	1920 Edgewood Dr I-11
CITY-ST-ZIP	~~LAKELAND FL~~	5.4 CITY-ST-ZIP	Lakeland FL 33803
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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] President — 2-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058022