

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PH 5:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/09/95--01111--018  
\*\*\*208.75 \*\*\*208.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L18203** (4)  
1. Corporation Name  
**PASCO LAKES INC.**

Principal Place of Business Mailing Address  
**8044 OLD PASCO ROAD SUITE 107 WESLEY CHAPEL FL 33544 US**  
**C/O 6622 SOUTHPOINT DRIVE S. SUITE 310 JACKSONVILLE FL 32216 US**

3. Date Incorporated or Qualified **09/22/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3085456** 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 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**FLETCHER, BABELLE L  
50 NORTH LAURA STREET  
SUITE 3100  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Kirschner, Main, Petrie, Graham, Tanner & Demont  
One Independent Drive, Ste. 2000  
Jacksonville FL 32202**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBES, WILLIAM R.	1.2 NAME	
STREET ADDRESS	1428 INDIAN WOODS DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	NEPTUNE BEACH FL	1.4 CITY, ST, ZIP	32266
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCAINI, GIANNI	2.2 NAME	
STREET ADDRESS	7889 HUNTERS GROVE ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY, ST, ZIP	32256
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLETCHER, BABELLE L.	3.2 NAME	
STREET ADDRESS	5020 YACHT CLUB DR	3.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	3.4 CITY, ST, ZIP	32210
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, G S	4.2 NAME	
STREET ADDRESS	12163 SWAIN OAKES LN	4.3 STREET ADDRESS	Twain
CITY, ST, ZIP	JAX FL	4.4 CITY, ST, ZIP	Jacksonville, FL 32233
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Bell, Ted W.
STREET ADDRESS		5.3 STREET ADDRESS	12652 Lazy Meadows Drive
CITY, ST, ZIP		5.4 CITY, ST, ZIP	Jacksonville, FL 32225
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Sections 119.07(3)(g), 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 this 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: **William R. Gibben, President** *WR* *JK* 4/24/95 904-296-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)