

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # L18203 (4)**

1. Corporation Name  
**PASCO LAKES INC.**



Principal Place of Business  
**8344 OLD PASCO ROAD  
 SUITE 107  
 WESLEY CHAPEL FL 33544  
 US**

Mailing Address  
**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 **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3085456** Applied For  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLETCHER, BABELLE L  
 ONE INDEPENDENT DRIVE  
 STE 2000  
 JACKSONVILLE FL 32202**

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

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	PD	<input type="checkbox"/> DELETE
NAME	GIBBES, WILLIAM R.	
STREET ADDRESS	1428 INDIAN WOODS DR.	
CITY - ST - ZIP	NEPTUNE BEACH FL 32268	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ARCAINI, GIANNI	
STREET ADDRESS	7889 HUNTERS GROVE ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32268	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLETCHER, BABELLE L	
STREET ADDRESS	5020 YACHT CLUB DR	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, G S	
STREET ADDRESS	12163 TWAIN OAKES LN	
CITY - ST - ZIP	JACKSONVILLE FL 32233	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BELL, TED W	
STREET ADDRESS	12652 LAZY MEADOWS DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (904) 296-2800  
 Date Daytime Phone #

CR2E034 (9/96)