

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

**FILED**  
**Feb 17 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000019428 (7)**  
 1 Corporation Name  
**ORANGE LAKE PROPERTIES, INC.**



Principal Place of Business <b>C/O CALVIN E. HAYDEN</b> <b>200 W. FORSYTH ST., STE. 1330</b> <b>JACKSONVILLE FL 32202</b>	Mailing Address <b>C/O CALVIN E. HAYDEN</b> <b>200 W. FORSYTH ST., STE. 1330</b> <b>JACKSONVILLE FL 32202-4314</b>
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3. Date Incorporated or Qualified <b>02/28/1996</b>	3a. Date of Last Report
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21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-3366423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HAYDEN, CALVIN E**  
**200 W. FORSYTH ST.**  
**SUITE 1330**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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, if not applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>Secretary/Treasurer</b> <input type="checkbox"/> DELETE	NAME <b>HAYDEN, CALVIN E</b>	S. REET ADDRESS <b>200 W. FORSYTH ST., STE. 1330</b>	CITY - ST - ZIP <b>JACKSONVILLE FL 32202</b>
TITLE <input type="checkbox"/> DELETE	NAME	S. REET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	S. REET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	S. REET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	S. REET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	S. REET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>George T. Miller, As Trustee</b>	S. REET ADDRESS <b>200 W. Forsyth Street, Suite 1330</b>	CITY - ST - ZIP <b>Jacksonville, Florida 32202</b>
2.1 TITLE <b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>B.S. Reid, As Trustee</b>	S. REET ADDRESS <b>200 W. Forsyth Street, Suite 1330</b>	CITY - ST - ZIP <b>Jacksonville, Florida 32202</b>
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; and 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 \_\_\_\_\_  
 1/21/97 \$165.00  
 901-2551330

CR2E034 (9/96)