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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:23

DOCUMENT # N14876 (9)

1. Corporation Name

FOXWOOD LAKE ESTATES SOCIAL CLUB, INC.

Principal Place of Business	Mailing Address
% JOSEPH G. HERN, JR. 5300 S FLORIDA AVE P O BOX 5378 LAKELAND FL 33807-2378	% JOSEPH G. HERN, JR. 5300 S FLORIDA AVE P O BOX 5378 LAKELAND FL 33807-2378

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1986
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2384268 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

RIEMER, VILAND
4444 U.S. 98 NORTH
LOT #383
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name: SHULL, GLEN
82 Street Address (P.O. Box Number is Not Acceptable): 4444 US 98 NORTH #547
83
84 City: LAKELAND FL 85 Zip Code: 33809

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: Glen C. Shull — GLEN C. SHULL. — 2/10/95
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	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	REIMER, VILAND	1.2 NAME	SHULL, GLEN C.
STREET ADDRESS	444 U.S. 98TH NORTH #383	1.3 STREET ADDRESS	4444 US 98 NORTH #547
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND FL 33809
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	SHULL, GLEN	2.2 NAME	ALLEN, WAYNE
STREET ADDRESS	4444 U.S. 98 NORTH, #547	2.3 STREET ADDRESS	4444 US 98 NORTH #685
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND FL 33809
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	PIRAINO, MARY H.	3.2 NAME	
STREET ADDRESS	4444 U.S. 98 NORTH, #646	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	BARKER, KAY	4.2 NAME	
STREET ADDRESS	4444 US 98 N. #638	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: Mary H. Piraino — 2/10/95 (813)-858-7454
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Daytime Phone #
MARY H. PIRAINO

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