FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **126906** **(7)**

1. Corporation Name
LAKE BUTLER GROVES, INC.

Principal Place of Business	Mailing Address
13100 W COLONIAL DR P O BOX 770338 WINTER GARDEN FL 34777-7338 US	13100 W COLONIAL DR P O BOX 770338 WINTER GARDEN FL 34777-7338 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/07/1932**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip: 24 **34777-0338** Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip: 29 **34777-0338** Country: 30

4. FEI Number: **59-0623383** ☐ 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

9. Name and Address of Current Registered Agent

MCPHERSON, REX V
2029 COMPANERO AVE.
ORLANDO FL 32804

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE		☐ Change ☐ Addition
NAME	RIFFLE, THOMAS R.	1.2 NAME		
STREET ADDRESS	4826 HURDLE CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MCPHERSON, JOHN R	2.2 NAME		
STREET ADDRESS	1110 W IVANHOE BLVD #15	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	RODEN, LAURA D	3.2 NAME		
STREET ADDRESS	~~2372 S W VILLA PL~~	3.3 STREET ADDRESS	2696 SW GREENWICH WAY	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	PALM CITY FL	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	MCPHERSON, REX V	4.2 NAME		
STREET ADDRESS	2029 COMPANERO AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GERBER, KEENE M.	5.2 NAME		
STREET ADDRESS	1453 KING COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas R Riffle 4-7-95 407/656-2291
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED ON DIRECTOR — Date — Daytime Phone #
Thomas R. Riffle, Treasurer

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