FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

LAKE BUTLER GROVES, INC.

Principal Place of Business

13100 W COLONIAL DR
P O BOX 770338
WINTER GARDEN FL 34777
US

Mailing Address

13100 W COLONIAL DR
P O BOX 770338
WINTER GARDEN FL 34777
US

3. Date Incorporated or Qualified: **11/07/1932**

3a. Date of Last Report: **04/11/1995**

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

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

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

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

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	RIFFLE, THOMAS R.	
STREET ADDRESS	4826 HURDLE CT	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VD	☐ DELETE
NAME	MCPHERSON, JOHN R	
STREET ADDRESS	1110 W IVANHOE BLVD #15	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	☐ DELETE
NAME	RODEN, LAURA D	
STREET ADDRESS	2696 SW GREENWICH WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	PD	☐ DELETE
NAME	MCPHERSON, REX V	
STREET ADDRESS	2029 COMPANERO AVE.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	☐ DELETE
NAME	GERBER, KEENE M.	
STREET ADDRESS	1453 KING COURT	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas R. Riffle, Treasurer

DATE

407/656-2291
Daytime Phone #

CR2E034 (12/95)