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Jan 23 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 # **220976** **(5)**

1. Corporation Name
LAKE HENRY GROVES INC

Principal Place of Business	Mailing Address
WATTERS DR RT 1- BOX 200 LAKE PLACID FL 33852 US	WATTERS DR RT 1- BOX 200 LAKE PLACID FL 33852-9801 US

3. Date Incorporated or Qualified: **02/25/1959**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business	2a. Mailing Address
21 200 Watters Drive	26 200 Watters Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake Placid, FL	City & State 28 Lake Placid, FL
Zip: 24 33852 Country: 25 USA	Zip: 29 33852 Country: 30 USA

4. FEI Number: **59-6071327** ☐ 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	10. Name and Address of New Registered Agent
WATTERS,MALCOLM C ROUTE 1 WATTERS DR. LAKE PLACID FL 33852	81 Name: J. Ross Macbeth 82 Street Address (P.O. Box Number is Not Acceptable): 2543 US 27 South 83 84 City: Sebring FL 85 Zip Code: 33870

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] DATE: January 8, 1997
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WATTERS,MALCOLM C		1.2 NAME		
STREET ADDRESS	WATTERS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WATTERS JR,MALCOLM C		2.2 NAME		
STREET ADDRESS	LAKE SIMMONS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	Secretary/Treasurer/Director	☒ Change ☐ Addition
NAME	WATTERS, JEANNE		3.2 NAME	Watters, Jeanne	
STREET ADDRESS	WATTERS DR.		3.3 STREET ADDRESS	200 Watters Drive	
CITY-ST-ZIP	LAKE PLACID FL		3.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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] Jan. 9th 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(941) 465-4531
Daytime Phone #

0389580