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PROFIT CORPORATION ANNUAL REPORT



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

DIVISION OF CORPORATIONS

1996

227619 DOCUMENT #

(4)

| 1. Corporation Name LAKE AGNES GROVE CORPORATION Frincipal Place of Business Mailing Address 2845 N. COUNTRY CLUB RD. 2845 N. COUNTRY CLUB RD. | | | | | | | |
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| BOX 1757 WINTER HAVEN FL 33882 | | 2845 N. COUNTRY C BOX 1757 | LUB KU. | | | | |
| | | WINTER HAVEN FL 33882 | | | Date incorporated or Qualified | | |
| | | | | | 09/01/1959 | 04 | /10/1995 |
| Principal Pla | lace of Business | 2a. Mailing Address | | | 4. FEI Number 59-0889499 | | Applied For |
| Suite, Apt. i | #, etc. | 26 | | ···· | | | Not Applica \$8.75 Additional |
| | | 27 | | | 5. Certificate of Status Desired | | Fee Required |
| City & State | e | City & State | · | | 6. Election Campaign Financing | | \$5.00 May Be |
| <i>Z</i> ip | Country | 28 Zip | Course | · | Trust Fund Contribution | | Added to Fees |
| 2 14 7 | 25 | 29 | Coun | шу | 8. This corporation has liability fo | irintangible tax es ∐No | x under s. 199.032, |
| | 9. Name and Address of Cur | rrent Registered Agent | | | 10. Name and Address of New | | \gent |
| 004000 | NI 10 111 T | | 8 | Name | | | |
| | ON JR, W T . Country Club Rd. | | ξ | Street Add | dress (P.O. Box Number is Not Accepta | able) | |
| | R HAVEN FL 33882-8757 | | j | 13 | | | |
| | | | | | | | |
| | | | 8 | 14 City | | FL | 85 Zip Code |
| familiar wit | red agent, or both, in the State of F ith, and accept the obligations of, S | ilorida. Such change was authori | ized by the co | rporation's boa | oration submits this statement for the p ard of directors. I hereby accept the ap | pointment as i | registered agent. I an |
| or register familiar wit GNATURE. | red agent, or both, in the state of Fith, and accept the obligations of, S Styliative typod or printed name of registered a OFFICERS. | Torida: Such change was author Section 607-0505, Florida Statute agent and little if applicable (N AND DIRECTORS | ized by the co es. IOTE: Registered A | rporation's boa | ard of directors. I hereby accept the ap | DATE FICERS AND | registered agent. I an |
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receitly that the information indicated on this annual report or supplied with this limit is voluntarily furnished and odes not quality for the exemption stated in Section 119.07(3)(8), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 or an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/95 941-2845983