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 27 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **248718** **(9)**

1. Corporation Name
LAKE BONNY PROPERTIES INC

Principal Place of Business	Mailing Address
6700 S. FLORIDA AVE. STE. #6 LAKELAND FL 33813 US	P.O. BOX 6420 LAKELAND FL 33813-1503 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1961
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) 33807 Country (30)

4. FEI Number: 59-0948253 ☐ 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

ELLSWORTH, JR., W WM.
6700 S. FLORIDA AVE.
STE. #6
LAKELAND FL 33813

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ELLSWORTH JR,W WM	12 NAME	
STREET ADDRESS	6700 S. FLORIDA AVE., #6	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	CHILES, RHEA G.	22 NAME	
STREET ADDRESS	607 6TH AVENUE EAST	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	WADSWORTH, SUSAN M.	32 NAME	
STREET ADDRESS	706 S RIDE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	32303
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: W. Wm. Ellsworth, Jr. April 24,1995 (813) 6449197
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (See Instructions) DATE TELEPHONE NUMBER
President

0316228 CP