

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 # 291375

(4)

1. Corporation Name

CHAIN OF LAKES GROVES, INC.



Principal Place of Business

P O BOX 1399
WINTER HAVEN FL 33882-1399
US

Mailing Address

P O BOX 1399
P.O. BOX 1399
WINTER HAVEN FL 33882-1399
US

3. Date Incorporated or Qualified
03/29/1965

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

21 14900 CAMP MACK ROAD

Suite, Apt. #, etc.

22

City & State

23 LAKE WALES, FLORIDA

Zip

24 33853

Country

25 U.S.A.

2a. Mailing Address

26 14900 CAMP MACK ROAD

Suite, Apt. #, etc.

27

City & State

28 LAKE WALES, FLORIDA

Zip

29 33853

Country

30 U.S.A.

4. FEI Number
59-1166292

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

SNIVELY, PATE
2970 CHICKASAW DR
HAINES CITY FL 33844

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

Signature typed or printed name of registered agent and current agent

NOTE: Registered Agent signature required when filing this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME SNIVELY, PATE
STREET ADDRESS 2970 CHICKASAW DR
CITY-ST-ZIP HAINES CITY FL

TITLE VDS ☐ DELETE

NAME SNIVELY, WILLIAM H
STREET ADDRESS 3111 MAR LISA COVE RD
CITY-ST-ZIP LAKE WALES FL

TITLE VD ☐ DELETE

NAME SNIVELY, PATE, JR.
STREET ADDRESS 939 AVE A S.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE VD ☐ DELETE

NAME SNIVELY, CHARLES SCOTT
STREET ADDRESS 14725 CAMP MACK RD
CITY-ST-ZIP LAKE WALES FL

TITLE D ☐ DELETE

NAME SNIVELY, GINGER
STREET ADDRESS 2970 CHICKASAW DR
CITY-ST-ZIP HAINES CITY 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-96

Date

1-941-696-2216

Daytime Phone #

CR2E034 (12/95)