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Apr 30 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 # 291375

(4)

1. Corporation Name

CHAIN OF LAKES GROVES, INC.

Principal Place of Business

14900 CAMP MACK RD.
LAKE WALES FL 33862-1399
US

Mailing Address

14900 CAMP MACK RD.
P.O. BOX 1399
LAKE WALES FL 33862-1399
US

3. Date Incorporated or Qualified
03/29/1965

3a. Date of Last Report
06/05/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME SNIVELY, PATE
STREET ADDRESS 2970 CHICKASAW DR
CITY-ST-ZIP HAINES CITY FL ☐ DELETE

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

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

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

TITLE D
NAME SNIVELY, GINGER
STREET ADDRESS 2970 CHICKASAW DR
CITY-ST-ZIP HAINES CITY FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME Snively, Pate
1.3 STREET ADDRESS 2925 Mar Lisa Cove Rd
1.4 CITY-ST-ZIP Lake Wales FL 33853

2.1 TITLE VDS ☒ Change ☐ Addition
2.2 NAME Snively, William H
2.3 STREET ADDRESS 2750 LK Pierce Dr
2.4 CITY-ST-ZIP Lake Wales FL 33853

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 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

11/1/97

4/2/97

CR2E034 (9/96)