

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 # 305707 (2)
1. Corporation Name
LAKE IOLA ESTATES INC



Principal Place of Business
32631 LOUIS AVE S R52
P.O. BOX 16
SAN ANTONIO FL 33576

Mailing Address
32631 LOUIS AVE S R52
P.O. BOX 16
SAN ANTONIO FL 33576

3. Date Incorporated or Qualified 06/03/1966
3a. Date of Last Report 11/16/1995
4. FEI Number 59-1142496
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
24 Country
25
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10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SUMNER, ROBERT D
14150 - 6TH STREET
DADE CITY FL 33525

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SUMNER, DENNIS E.
STREET ADDRESS P.O. BOX 218 SCHARBER RD
CITY-ST-ZIP SAN ANTONIO FL
[] DELETE
TITLE ST
NAME JONES, J. RALPH
STREET ADDRESS BOX 16 32631 S.R. 52
CITY-ST-ZIP SAN ANTONIO FL
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[] Change [] Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[] Change [] Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[] Change [] Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[] Change [] Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[] Change [] Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[] Change [] Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 352-588-3877
Date Daytime Phone #

CR2E034 (12/95)