FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name 347916 (9)

EUSTIS LAKE REGION, INC.

FILED Feb 28 1996 8:00 am Secretary of State

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Principal Place of Business 1606 SOUTH HIGHWAY 301 P. O. BOX 187 DADE CITY FL 33525-5438		Mailing Address 1606 SOUTH HIGHWAY 301 P. O. BOX 187 DADE CITY FL 33525-5438				
					3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1969 02/17/1995	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1264036 Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be
23] Zip	Country	28	1 0-			Added to Fees
24	Country 25	Zip	30	ıntry		This corporation has liability for intangible tax under s 199.032, Florida Statutes No
<u></u>	9. Name and Address of Curre		[30]	T		10. Name and Address of New Registered Agent
				81	Name	10. Hame and Addises of their tragistation Agent
TAROD	MICHAEL E					
	RTH HWY 19A			82	Street Add	dress (P.O. Box Number is Not Acceptable)
	A FL 32757			83		
5010	(TE 02/0/					
				84	City	FL 85 Zip Code
familiar wit SIGNATURE.	h, and accept the obligations of, Sec Signature, Special printername of registered agric	tion 607.0505, Florida Statute	S.			ard of directors. I hereby accept the appointment as registered agent. I am DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
101.6	TD	DELETE	1.11	ITI F		Change Addition
NAME	MATTHEW, WILLIAM	_	l l	1.2 NAME		Change Character
STREET ADDRESS	129 BUENA VISTA DR.				ADDRESS	
CITY - ST- ZIP	DUNEDIN FL			TY-S	- 1	
TITLE	VD	☐ DELETE	2.11			Change Addition
NAME	MATTHEW, TIMOTHY O.		2 2 N	2 2 NAME		
STREET ADDRESS	13714 WALBROOKE DRIVE		235	STREET ADDRESS		
C/1 Y - S* - ZIP	TAMPA FL		24C	2 4 CITY - ST - ZIP		
TITLE	SD	DELETE	3.17	3. 1 TITLE		Change Addition
NAME	STORY III, CLEMENT		3 2 N			
SIREEL ADDRESS	115 W. MAIN STREET			3.3 STREET ADDRESS		
C(1Y - S1 - Z(P	LAFAYETTE LA	E DELET		3 4 CITY - ST - ZIP		
TITLE N 1888.	V TAROR MICHAELE	DELETE.		4. 1 TITLE		Change Addition
NAM: STREEL ADDRESS	TABOR, MICHAEL E		4.2 N		1D00000	
CITY-ST-7IF	4645 NORTH HWY 19A MT DORA FL				ADDRESS	
TILLE	mit DOINTE	DELETE	4.4 C	ITLE	1-711	Change Addition
NAME			5.2 N			The sum of
STREET ADDRESS					ADDRESS	
City St-Zip				ITY-S		
TIBLE		☐ DELETE	6 1 T			☐ Change ☐ Addition
NAME		•	62 N	AME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY - S		
	certify that the information supplied	with this filing is voluntarily furn				for the exemption stated in Section 110 07/3/// Florida Statutae I further

recommendation information information supplied with this limiting is voluntarily furnished and does not quality 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 office or affector 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 Welsier

1-17-96

813-733-8053

Daytime Ptrone #