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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:00

DOCUMENT # 351074 **(0)**

1. Corporation Name
LAGOON PARK INC

Principal Place of Business
914 VILLA LAGOON DR.
TAVARES FL 32778-9368

Mailing Address
914 VILLA LAGOON DR.
TAVARES FL 32778-9368

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/21/1969
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-1286676 ☐ 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

WARNE, ARLENE D
914 VILLA LAGOON DRIVE
TAVARES FL 32778

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 Arlene D. Warne 2/16/95

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HENGST, RAY	1.2 NAME	
STREET ADDRESS	942 VILLA LAGOON DRIVE	1.3 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	1.4 CITY ST ZIP	
TITLE	TSD	2.1 TITLE	☐ Change ☐ Addition
NAME	WARNE, ARLENE D	2.2 NAME	
STREET ADDRESS	814 VILLA LAGOON DRIVE	2.3 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	2.4 CITY ST ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	DONCHESKI, D. M.	3.2 NAME	
STREET ADDRESS	938 VILLA LAGOON DRIVE	3.3 STREET ADDRESS	
CITY ST ZIP	TAVARES, FL 00000	3.4 CITY ST ZIP	
TITLE	DVP	4.1 TITLE	1st VP / D ☐ Change ☒ Addition
NAME	COLLYER, KENNETH	4.2 NAME	
STREET ADDRESS	930 VILLA LAGOON DR.	4.3 STREET ADDRESS	
CITY ST ZIP	TAVARES, FL 00000	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	Director / and Vice President ☐ Change ☒ Addition
NAME	LOWELL, CHARLES	5.2 NAME	
STREET ADDRESS	906 VILLA LAGOON DRIVE	5.3 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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(i)(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: Arlene D. Warne — Arlene D. Warne 2/16/95 904-343-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0061838 CP