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

APPROVED AND FILED

1995 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/17/95--01187--014
****200.00 ****200.00

DOCUMENT # **373381** **(3)**

1. Corporation Name
SOUTH LAKE FORD, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1101 E. HWY 50 CLERMONT FL 34711-3250	1101 E. HWY 50 CLERMONT FL 34711-3250

3. Date Incorporated or Qualified: **12/01/1970**
3a. Date of Last Report: **03/07/1994**

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

2a. Mailing Address
26: P.O. Box 120928
Suite, Apt. #, etc.
27:
City & State
28: Clermont, Florida
Zip
29: 34712
Country
30: Lake

4. FEI Number: **59-1312554** ☐ 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

A.G.C. CO.
200 SOUTH ORANGE AVENUE
2300 SUN BANK CENTER
ORLANDO FL 32801

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 _____ DATE
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	P	11 TITLE	Pres	☒ Change ☐ Addition
NAME	WADE, BOB	12 NAME	BOHANNON, GAIL	
STREET ADDRESS	1101 E HWY 50	13 STREET ADDRESS	1101 E. Hwy 50	
CITY-ST-ZIP	CLERMONT, FL 00000	14 CITY-ST-ZIP	Clermont, Fl 34711	
TITLE	D	21 TITLE	Vice Pres Director	☒ Change ☐ Addition
NAME	BOHANNON, CLINTON N	22 NAME	BOHANNON, CLINTON N	
STREET ADDRESS	APARTO 4309	23 STREET ADDRESS	APARTO 4309	
CITY-ST-ZIP	REPUBLIC OF PANAMA 00000	24 CITY-ST-ZIP	REPUBLIC OF PANAMA	
TITLE	D	31 TITLE	SEC-TREAS DIRECTOR	☒ Change ☐ Addition
NAME	WADE, GAIL B	32 NAME	BOHANNON, NAOMI	
STREET ADDRESS	1101 E HWY 50	33 STREET ADDRESS	APARTO 4309	
CITY-ST-ZIP	CLERMONT, FL 00000	34 CITY-ST-ZIP	REPUBLIC OF PANAMA	
TITLE	D	41 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BOHANNON, NAOMI K	42 NAME	KIRK, ANNETTE	
STREET ADDRESS	APARTO 4309	43 STREET ADDRESS	900 W. Hwy 50	
CITY-ST-ZIP	REPUBLIC OF PANAMA 00000	44 CITY-ST-ZIP	CLERMONT, FLORIDA 34711	
TITLE		51 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		52 NAME	HORTON, DENNIS	
STREET ADDRESS		53 STREET ADDRESS	900 W. Hwy 50	
CITY-ST-ZIP		54 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	Qe12	
STREET ADDRESS		63 STREET ADDRESS	5-1-95	
CITY-ST-ZIP		64 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)(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: Gail Bohannon 4-27-95 904-394-6161
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
Gail Bohannon

0374271 CP