

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 373381 (3)

1. Corporation Name

SOUTH LAKE FORD, INC.



Principal Place of Business

1101 E. HWY 50
CLERMONT FL 34711-3250

Mailing Address

~~P.O. BOX 120320~~
~~CLERMONT FL 34712~~
~~00~~

3. Date Incorporated or Qualified
12/01/1970

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 200 S. Orange Ave.

27 Suite, Apt. #, etc.

28 City & State

29 Orlando, FL

30 Zip

31 32801-3432

Country

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

10. Name and Address of New Registered Agent

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

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 P ☐ DELETE

NAME BOHANNON, GAIL
STREET ADDRESS 1101 E HWY 50
CITY-ST-ZIP CLERMONT FL 34711

TITLE VPD ☐ DELETE

NAME BOHANNON, CLINTON N
STREET ADDRESS APARTO 4309
CITY-ST-ZIP REPUBLIC OF PANAMA 00000

TITLE STD ☐ DELETE

NAME BOHANNON, NAOMI
STREET ADDRESS APARTO 4309
CITY-ST-ZIP REPUBLIC OF PANAMA 00000

TITLE D ☐ DELETE

NAME KIRK, ANNETTE
STREET ADDRESS 900 W. HWY 50
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ DELETE

NAME HORTON, DENNIS
STREET ADDRESS 900 W. HWY 50
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 0/P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300001807453
-05/04/96--01001--015
***200.00

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

2/21/96

Date

352-394-6166

Daytime Phone #

CR2E034 (12/95)