

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

DOCUMENT # 405359 (1)

1. Corporation Name
CHAIN LAKES INVESTMENT CORPORATION



Principal Place of Business: 2306 S HIGHLANDS, PO BOX 364, SEBRING FL 33870
Mailing Address: 2306 S HIGHLANDS, PO BOX 364, SEBRING FL 33870

3. Date Incorporated or Qualified: 07/21/1972
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business (21-24):
2a. Mailing Address (26-30):
22. City & State
23. City & State
24. Zip, Country
25. Country
26. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

4. FEI Number: 59-1445160
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: LIVINGSTON, JAMES, 445 S. COMMERCE AVE, SEBRING FL 33870
10. Name and Address of New Registered Agent (81-85):
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 of Registered Agent)
DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	NAME: BROWN, J. RICHARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: BOX 587, 208 SWALLOW AVE	CITY-STATE-ZIP: SEBRING FL	1.2 NAME	
TITLE: TD	NAME: YARBROUGH, WM. F.	1.3 STREET ADDRESS	
STREET ADDRESS: 1828 DINNER LAKE DR.	CITY-STATE-ZIP: SEBRING FL	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: HENSLEY, GEORGE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1608 THEON AVE	CITY-STATE-ZIP: SEBRING FL	2.2 NAME	
TITLE: PD	NAME: KOCH, ED., JR.	2.3 STREET ADDRESS	
STREET ADDRESS: BOX 1965, 1908 DELEON PL	CITY-STATE-ZIP: SEBRING FL	2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME:	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	3.2 NAME	
TITLE: [] DELETE	NAME:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME	
TITLE: [] DELETE	NAME:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME	
TITLE: [] DELETE	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME	
TITLE: [] DELETE	NAME:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* 2/14/96 (94) 382-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)