22 27 City & State Election Campaign Financing 23 28 29 20 Country 21 City & State Election Campaign Financing 24 25 29 30 R. This corporation owes or has paid Personal Property Tax due June 30 24 25 29 30 Street Address of New Regin VANNESS, THOMAS M 1158 N. CIRCLE DR. 81 Name CRYSTAL RIVER FL 34429 82 Street Address (P.O. Box Number is Not Acceptable 9 Name and Address of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpodice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept to agent. I am familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent agent and bit if apericable (NOTE Registered Agent signature regured wher reinsating) 12. OFFICERS AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICE! 1mLe PD DELETE 11 mite NAME V	N THIS SPACE	
LAKE ROUSSEAU DEVELOPMENT COMPANY, INC. Principal Place of Business Hills N. CIRCLE DR. ORYSTAL RIVER FL 34429 US DO NOT WHITE II DO NOT HOUND III DO NOT HOUND IIII III DO NO	N THIS SPACE	Applied For Not Applicab Additional Required D May Be
Principal Place of Business Its N. CIRCLE DR. CRYSTAL RIVER FL 34429 Do NOT WRITE In 1159 N. CIRCLE DR. CRYSTAL RIVER FL 34429 Do NOT WRITE In 2 Principal Place of Business 2a. Mailing Address 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 3. Date Incorporated or Qualified 05/08/1974 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 3. Date Incorporated or Qualified 05/08/1974 2. Principal Place of Business 2a. Mailing Address 3. Difficition of Place of Business 2a. Mailing Address 3. Difficition of Place of Business 2a. Mailis Address <	N THIS SPACE	Applied For Not Applicab Additional Required D May Be
US US DO NOT WRITE IN DO NOT WRITE INDO DO NOT	A N \$8.75 Fee R \$5.00 Added the current year In Yes	Not Applicab Additional Required D May Be
2. Principal Place of Business 2a. Mailing Address 4. FEI Numbor 21 26 59-1536388 Suite, Apt. #, etc Suite. Apt. #, etc. 5. Certificate of Status Dosired 22 27 City & State 5. Certificate of Status Dosired 21 27 City & State 5. Certificate of Status Dosired 21 27 Country 6. Election Campaign Financing Trust Fund Contribution 1 21 28 29 30 Personal Property Tax due June 3t 21 29 30 Personal Property Tax due June 3t 24 25 29 30 Personal Property Tax due June 3t 25 29 30 Personal Property Tax due June 3t 10. Name and Address of New Regis 26 Name and Address of Current Registered Agent 10. Name and Address of New Regis 11. Name 27 28 Street Address (P.O. Box Number is Not Acceptable 82 27 Street Address (P.O. Box Number is Not Acceptable 83 84 City 28 Street Address (P.O. Box Number is Not Acceptable 83 84 City 29 Or Floced Statutes	N \$8.75 Fee R \$5.00 Added the current year In Yes	Not Applicab Additional Required D May Be
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Suite, Apt. #, etc. 59-1536388 22 27 Suite, Apt. #, etc. 5. Certificate of Status Dosired 21 27 City & State 5. Certificate of Status Dosired 21 27 City & State 5. Certificate of Status Dosired 21 27 Country 5. Election Campaign Financing 28 29 30 Personal Property Tax due June 3t 29 29 30 Personal Property Tax due June 3t 20 28 Street Address of New Regis 81 VANNESS, THOMAS M 1158 N. CIRCLE DR. 81 Name 28 Street Address (P.O. Box Numbor is Not Acceptable 82 29 Street Address (P.O. Box Numbor is Not Acceptable 83 84 City 81 Name 10. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur office or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept tagent. Lam Kemilar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATUR	N \$8.75 Fee R \$5.00 Added the current year In Yes	Not Applicab Additional Required D May Be
Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country 8. This corporation owes or has paid Personal Property Tax due June 3t 24 25 29 30 Personal Property Tax due June 3t 24 25 29 30 Personal Property Tax due June 3t 24 25 29 30 Personal Property Tax due June 3t 24 25 29 30 Personal Property Tax due June 3t 24 25 29 30 Personal Property Tax due June 3t 24 25 29 30 Personal Property Tax due June 3t 25 26 29 30 Personal Property Tax due June 3t 26 Name and Address of Current Registered Agent 10. Name and Address of New Registered 3t 26 City Street Address (P.O. Box Number is Not Acceptable 81 27 Name 20 Street Address (P.O. Box Number is Not Acceptable 27 City Street Address (P.O. Box Number is Not Acceptable 81	\$8.75 Fee R \$5.00 Added the current year In Yes	Additional Required D May Be
27 5. Certificate of Status Desired 28 City & State 6. Election Campaign Financing 29 Zip Country 8. Election Campaign Financing 20 Zip Country 8. This corporation owes or has paid 24 25 29 30 Personal Property Tax due June St 20 VANNESS, THOMAS M 11. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VANNESS, THOMAS M 1158 N. CIRCLE DR. 82 Street Address (P.O. Box Numbor is Not Acceptable 63 84 City 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the pur 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 obligations of, Section 607.0505, Florida Statutes SIGNATURE Stored the obligations of, Section 607.0505, Florida Statutes ADDITIONS/CHANGES TO OFFICE ITILE PD DELETE 11 THLE ADDITIONS/CHANGES TO OFFICE ITILE PD DELETE 13 Stetef AdDerSS	Fee R \$5.00 Added the current year In b. [] Yes [Required D May Be
City & State City & State 6. Election Campaign Financing Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent VANNESS, THOMAS M 1158 N. CIRCLE DR. CRYSTAL RIVER FL 34429 81 Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable City VANNESS, THOMAS M 10. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-mamed corporation submits this statement for the pur office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept ta agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes SIGNATURE Storeture, typed or printed neme of registered agent and the Happeable (NOTE: Registered Agent signature required when reinstang) 12. OFFICERS AND DIRE CTORS 13. Intle PD DELETE 11. Thue NAME VANNESS, THOMAS M 12. STREET ADDRESS T158 N. CIRCLE DR. 13 SINEET ADDRESS City-str.zip CRYSTAL RIVER, FL 00000 DELETE 11. THE VANNESS, PATRICIA 2	\$5.00 Added the current year In c. [] Yes [0 May Be
Zip Country Zip Country 8. This corporation owes or has paid Personal Property Tax due June 36 24 25 29 30 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VANNESS, THOMAS M 1158 N. CIRCLE DR. 81 Name 81 Name CRYSTAL RIVER FL 34429 82 Street Address (P.O. Box Number is Not Acceptable 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur office or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept to agent, i am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Significe, typed or printed neme of registered agent and the fleenpicable (NOTE: Registered Agent significe Agent significe) ADDITIONS/CHANGES TO OFFICE! ITILE PD DELETE 1.1 TITLE ADDITIONS/CHANGES TO OFFICE! NAME VANNESS, THOMAS M 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS ITISE N. CIRCLE DR. DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS Street ADDRESS Street ADDRESS 2.3 STREET ADDRESS	D [] Yes [
VANNESS, THOMAS M 1158 N. CIRCLE DR. CRYSTAL RIVER FL 34429 B1 Name 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 to agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. 84 SIGNATURE Stignature, typed or printed name of registered agent and title If applicable (NOTE: Registered Agent Signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDI/TIONS/CHANGES TO OFFICEI ITTLE PD DELETE 1.1 TITLE NAME VANNESS, THOMAS M 1.2 NAME STREET ADDRESS 1158 N. CIRCLE DR. 1.3 STREET ADDRESS ITTLE STD DELETE 1.1 TITLE NAME YANNESS, PATRICIA DELETE 2.1 TITLE STREET ADDRESS 1158 N. CIRCLE DR. 2.3 STREET ADDRESS STREET ADDRESS 1158 N. CIRCLE DR. 2.3 STREET ADDRESS	stered Agent	ntangiblo
VANNESS, INUMAS M 1158 N. CIRCLE DR. CRYSTAL RIVER FL 34429 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 to agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byped or printed name of registered agent and till if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRE CTORS Signature, byped or printed name of registered agent and till if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRE CTORS TITLE PD NAME VANNESS, THOMAS M STREET ADDRESS 1158 N. CIRCLE DR. CRYSTAL RIVER, FL 00000 14 City-SI-ZiP TITLE STD NAME VANNESS, PATRICIA STREET ADDRESS 1158 N. CIRCLE DR. STREET ADDRESS 1158 N. CIRCLE DR. STREET ADDRESS 1158 N. CIRCLE DR.		
CRYSTAL RIVER FL 34429 B3 B4 City I1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 to agent, i am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept to agent, i am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or prined name of registered agent and tite if emploable Signature, typed or prined name of registered agent and tite if emploable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICEI Infle PD OFFICERS AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICEI Infle PD CRYSTAL RIVER, FL 00000 14. CITY-SI-ZIP TITLE STD VANNESS, PATRICIA STREET ADDRESS 1158 N. CIRCLE DR. 23. STREET ADDRESS 1158 N. CIRCLE DR. 23. STREET ADDRESS 23. STREET ADDRESS 24. STREET ADDRESS 25. STREET ADD	<u> </u>	
B3 B3 B3 B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 to agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE Infle PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE Infle PD IDELETE Infle PD IDELETE Infle VANNESS, THOMAS M I158 N. CIRCLE DR. II 58 TD IDELETE II 58 TD IDELETE II 58 TD IDELETE II 58 N. CIRCLE DR. IDELETE III 58 N. CIRCLE DR. IDELETE II 58 N. CIRCLE DR. I)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 agent i and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signifure, typed or printed neme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICEI ITILE PD DELETE 1.1 TITLE NAME VANNESS, THOMAS M 12 NAME STREET ADDRESS 1158 N. CIRCLE DR. 13 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 00000 1.4 CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE NAME VANNESS, PATRICIA 2.2 STREET ADDRESS STREET ADDRESS 1158 N. CIRCLE DR. 2.3 STREET ADDRESS		······
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 to agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed neme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE Intrue PD DELETE 1.1 TITLE NAME VANNESS, THOMAS M STREET ADDRESS 1158 N. CIRCLE DR. DELETE 1.4 citY-ST-ZIP TITLE NAME VANNESS, PATRICIA DELETE 1.1 CitLe DR. DELETE 1.4 citY-ST-ZIP TITLE STD DELETE 2.1 STD DELETE	FL 85 Zip	Code
ITILE PD DELETE 1.1 TITLE NAME VANNESS, THOMAS M 1.2 NAME STREET ADDRESS 1158 N. CIRCLE DR. 1.3 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 00000 1.4 CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE NAME VANNESS, PATRICIA 22 NAME STREET ADDRESS 1158 N. CIRCLE DR. 2.3 STREET ADDRESS	DATE	s registered
NAME VANNESS, THOMAS M 12 NAME STREET ADDRESS 1158 N. CIRCLE DR. 13 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 00000 1.4 CITY-ST-ZIP TITLE STD DELETE NAME VANNESS, PATRICIA 22 NAME STREET ADDRESS 1158 N. CIRCLE DR. 2.3 STREET ADDRESS	HS AND DIRECTOR	
City-st-zip CRYSTAL RIVER, FL 00000 1.4 city-st-zip title STD DELETE 2.1 title NAME VANNESS, PATRICIA 22 NAME street address 1158 N. CIRCLE DR. 2.3 STREET Address		
THE STD DELETE 2.1 TITLE NAME VANNESS, PATRICIA 22 NAME STREET ADDRESS 1158 N. CIRCLE DR. 2.3 STREET ADDRESS		
STREET ADDRESS 1158 N. CIRCLE DR. 2.3 STREET ADDRESS	Change	🗌 Additic
CITY-ST-ZIP CRYSTAL RIVER FL 2.4 CITY-ST-ZIP		
	C. Charige	Additio
NAME 3.2 NAME		
STREET ADDRESS 3.3 STREET ADDRESS		
Std. City-ST-ZIP Std. City-ST-ZIP TITLE DELETE 4.1 TITLE	Change	
TITLE L DELETE 4.1 TITLE		
STREET ADDRESS 43 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP		
TITLE DELETE 5.1 TITLE	Change	Additio
NAME 52 NAME		
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP		
TITLE DELETE 6.1 TITLE	Change	Additio
NAME 62 NAME	-	
STREET ADDRESS		
6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I fur		