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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sendra B. Mortham Secretary of State

	1996	DIVISION OF	CORPORA				
DOCUN 1. Corporation	MENT # 56194	3 (2)					
•	LAKE VILLAGE REALTY, IN	IC.					
Principal Place		Mailing Address			I KOBEŞI BENLO DILĞI IYDIN IDINI D	1006 1111 E1811 BIBII WID	II AHALI AIBIN MIDIN IADI
% LARRY R. MARSH 3941 SOUTHEAST 26TH COURT ROAD OCALA FL 34480			% LARRY R. MARSH 3941 SOUTHEAST 26TH COURT ROAD OCALA FL 34480				
US		US			3. Date incorporated or Qualified 03/14/1978		ast Report 1/1995
_2, Principal Pla 21	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1811042		Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$	55.00 May Be
Z _i p	Country	Zip	Cour	ntry	8. This corporation has liability for	or intangible tax un	Added to Fees der s 199.032,
24	25 9, Name and Address of Curre	29 nt Registered Agent	[30]		Florida Statutes You You Name and Address of New	es No Registered Ager	nt
				81 Name			
	, larry R. Dutheast 26th Court Roai	1		82 Street Add	dress (P.O. Box Number is Not Accept	able)	
	FL 34480	,		B3			
				84 City		FL 85	Zip Code
familiar with SIGNATURE _	o the provisions of Sections £07.050 ad agent, or both, in the State of Flor II, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	S.		oration submits this statement for the p and of directors. I hereby accept the ap	ourpose of changing opointment as regis	g its registered office itered agent. I am
12.		ID DIRECTORS	13.	Agent signature requir	ADDITIONS/CHANGES TO OF	DATE FFICERS AND DIRE	ECTORS IN 12
TITLE	PD	☐ DELETE	1. 1 TIT			☐ Ch	ange 🔲 Addition
NAME STREET ADDRESS	MARSH, LARRY R. 3941 SE 26TH CT RD		1.2 NA/	ME REET ADDRESS			Š
CITY-ST-ZIP	OCALA FL			Y-ST-ZIP			į
TITLE	SD	☐ DELETE	2. 1 TiT	-		☐ Ch	ange Addition
NAME STREET ADDRESS	MARSH, RHONDA GAIL 3941 SE 26TH CT RD		2 2 NAF	ME REET ADDRESS			
CITY-ST-ZIP	OCALA FL			Y-ST-ZIP			
TITLE		☐ DELETE	3. 1 111		·····	Ch	ange
NAME			3.2 NA	į į			
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS			
TITLE		☐ DELE1E	4.1717	Y - ST - ZIP LE		Ch	ange Addition
NAME			4.2 NA1	NE			
STHEET ADDRESS			4 3 STR	REET ADDRESS			
CITY-S1-ZIP TITLE	• • • • • • • • • • • • • • • • • • •	DELETE	4 4 CIT	Y-ST-ZIP		r Ch	ange
NAME:		C Peters	5 2 NAM				ange noonen
STREET ADDRESS			5 3 S1R	REET ADDRESS			
CITY-S1-ZIP		TW 11 PART - 4 L 14 MA - 14 L 14	5 4 CIT	Y - ST - ZIP		···-	
TILE		☐ DELETE	6 1 TIT			Cn.	ange 🔲 Addition
NAME STREET ADDRESS			6.2 NAM 6.3 STR	ME BEET ADDRESS			
CITY-ST-ZIP		n		Y-ST-ZIP			1
14. I do hereby	certify that the information supplied the information indicated on this ann		shed and d	loes not qualify	for the exemption stated in Section 11 ate and that my signature shall have the		
oath, that I	am an officer or director of the corp Block 12 or Block 13 i planged, or		p empowere	ed to execute th	his report as required by Chapter 607,	Forida Statutes; ar	xd that my name
SIGNATI	URE:	1/0//m	L_b	arizy (CINIARDH 4/23	176 35	2-867-7887
	SIGNATURE AND TYPED O	PRINTED NAME OF STONING OFFICE	ER OR DIRECTO	OR	Date	Daytime	Phone it