FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743085 (3)

1. Corporation Name
LAKE WEIR SHORES NUMBER (3) INC.

Principal Place of Business	Mailing Address
BOX 1686 BELLEVIEW FL 34421	BOX 1686 BELLEVIEW FL 34421

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1978
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1816533 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

GARLOCK, LESLIE
10370 SE 148 ST
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

01 Name: Lawrence N. La Fleur
02 Street Address (P.O. Box Number is Not Acceptable): 10380 S E 148 Place
03
04 City: Summerfield FL 05 Zip Code: 34491

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: Lawrence N. La Fleur
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, HAROLD	1.2 NAME	
STREET ADDRESS	4700 SE HWY 42	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LAFLEUR, LAWRENCE	2.2 NAME	
STREET ADDRESS	10380 S.E. 148TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S ☐ Change ☐ Addition
NAME	KAEMMERLIN, ELIZABETH	3.2 NAME	Dolores J. La Fleur
STREET ADDRESS	10380 SE 148 PLACE	3.3 STREET ADDRESS	10380 SE 148 Place
CITY-ST-ZIP	SUMMERFIELD FL	3.4 CITY-ST-ZIP	Summerfield, FL 34491
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	ANTLE, MELBA	4.2 NAME	
STREET ADDRESS	10495 SE 149TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CANNON, ARTHUR	5.2 NAME	
STREET ADDRESS	14840 SE 103 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MARGUERITE	6.2 NAME	
STREET ADDRESS	4700 SE HWY 42	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Harold E. Brown V.P.
SIGNATURE: Harold E. Brown V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95 (904) 347-3847
Date Daytime Phone #

0044880