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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14272

(1)

LAKE PADGETT-LO'L REALTY, INC.

FILED Feb 24 1997 8:00am Secretary of State

- 1 JARIJAN 1741 I		THEY BUT I DID I AREN FOR

Principal Place of Business	Mailing Address	···			/(D/() ())))	(1 5 1) 3 25) 1531
3948 LAKE PADGETT DR.	P.O. BOX 237					
LAND O LAKES FL 34639	LAND O LAKES FL 34639-0237		}			
US	US	US		3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1981 03/05/1996		
2. Principal Place of Business	2a. Mailing Address		····	4. FEI Number	1 454554355	Applied For
21	26			59-2052933		Not Applicable
Suite, Apt. #, otc. 22	Suite. Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	City & State		***************************************	6. Election Campaign Financing	\$5.	00 May Be
23	28			Trust Fund Contribution		led to Fees
Zip Country	Zip	Country	у	8. This corporation has liability for in	ntangible tax und	er s. 199.032,
24 25	[29]	30			Yes No	
g. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Rec	Jistered Agent	
MOLNAR, LOUIS G.		[8]	INAILIE	·		
3712 LAKE JOYCE DR		82	Street Add	dress (P.O. Box Number is Not Acceptable	le)	
LAND O'LAKES FL 34639		63	 			
		84	City		FL 85	Zip Code
11 Pursuant to the provisions of Sections 607.05	502 and 607.1508. Florida Sta	itutes, the abov	e-named cor	rooration submits this statement for the p	B (100)	no its registered
 Pursuant to the provisions of Sections 607.05 office or registered agent for both, in the Stat agent I am familiar with, and accept the obli- 	te of Florida. Such change wa	as authorized b	y the corpora	ation's board of directors. I hereby accep	t the appointmen	t as registered
		TIVITUA DIALUIG				
	J					
SIGNATURE Signative types or product name of registered as				uired when reinstating)	DATE	
SIGNATURE Signature type of or pointed name of registered at 12. OFFICERS A				uired when reinstating) ADDITIONS/CHANGES TO OFFIC		TORS IN 12
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SIGNATURE Signature types to pointed name of registered at TIDE PT MOLNAR, LOUIS G	egentand title if applicable (f NO DIRECTORS	NOTE: Registered Ag	ent signature requ		ERS AND DIREC	
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OF SIGNING OFFICER OR DIRECTOR