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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 8:17

DOCUMENT # **F44842** **(5)**

1. Corporation Name
LAKE HENRY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3165 ATLANTIC AVE., RH#4 COCOA BEACH FL 32931	3165 ATLANTIC AVE., RH#4 COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1981
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business
21: 20531 MAXIM PARKWAY
22: Suite, Apt. #, etc.
23: ORLANDO, FL.
24: Zip 32833
25: County ORANGE

2a. Mailing Address
26: 20531 MAXIM PARKWAY
27: Suite, Apt. #, etc.
28: ORLANDO, FL.
29: Zip 32833
30: County ORANGE

4. FEI Number: 59-2553506 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KUENZ, BARBARA L
3165 ATLANTIC AVE., RH#4
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: MARY KRISTINA THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 20531 MAXIM PARKWAY
83
84 City: ORLANDO FL 85 Zip Code: 32833

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: Mary Kristina Thomas, Mary Kristina Thomas 5-10-95
(Signature and printed name of registered agent and title, if any) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P, S, T, D ☑ Change ☐ Addition
NAME	KUENZ, BARBARA L	12 NAME	Mary Kristina Thomas
STREET ADDRESS	3165 ATLANTIC AVE., RH#4	13 STREET ADDRESS	20531 Maxim Parkway
CITY ST ZIP	COCOA BEACH FL	14 CITY ST ZIP	Orlando, FL. 32833
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: Mary Kristina Thomas Mary Kristina Thomas 5-10-95 407-568-4568
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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