FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G34907** **(7)**

1. Corporation Name

LAKE VALLEY HOMES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1883 PALM CITY FL 34990	P.O. BOX 1883 PALM CITY FL 34990

3. Date Incorporated or Qualified: **04/19/1983**
3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business
21:
22: Street, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26:
27: Street, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: **59-2338835** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THORSON, LARS
2842 S. W. RIDGEWOOD PLACE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81: Name
82: Street Address (P.O. Box Number is Not Acceptable)
83:
84: City **FL** 85: Zip Code

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: _____ (Signature of New Registered Agent, if changed) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
1 NAME	LARSSON, SIGVARD		1.2 NAME		
1 STREET ADDRESS	% AB SJODALSHUS S-540 16		1.3 STREET ADDRESS		
1 CITY-ST-ZIP	TIMMERSDALA, SWEDEN		1.4 CITY-ST-ZIP		
2 TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
2 NAME	THORSON, LARS		2.2 NAME		
2 STREET ADDRESS	2842 S. W. RIDGEWOOD PLACE		2.3 STREET ADDRESS		
2 CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP		
3 TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
3 NAME			3.2 NAME		
3 STREET ADDRESS			3.3 STREET ADDRESS		
3 CITY-ST-ZIP			3.4 CITY-ST-ZIP		
4 TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
4 NAME			4.2 NAME		
4 STREET ADDRESS			4.3 STREET ADDRESS		
4 CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
5 NAME			5.2 NAME		
5 STREET ADDRESS			5.3 STREET ADDRESS		
5 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
6 NAME			6.2 NAME		
6 STREET ADDRESS			6.3 STREET ADDRESS		
6 CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lars Thorson (LARS THORSON) 2-2-96 (407)283-5112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #