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 # **G44701** **(2)**

1. Corporation Name

FOREST GLEN LODGES, INC.

Principal Place of Business	Mailing Address
FOREST GLEN LODGE 7435 PLATHE RD NEW PORT RICHEY FL 34653 US	% HOWARD L. MASCO 967 PINE HILL ROAD PALM HARBOR FL 34683

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

3. Date Incorporated or Qualified: **06/22/1983**

3a. Date of Last Report: **03/20/1995**

4. FEI Number: **59-2433439** — ☐ 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

MASCO, HOWARD L.
967 PINE HILL ROAD
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: BARBARA J. MASCO
82 Street Address (P.O. Box Number is Not Acceptable): 967 Pine Hill Rd
83
84 City: PALM HARBOR FL 85 Zip Code: 34683

11. Pursuant to the provisions of Sections 607.0502 or 1607.1505, 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: Barbara J Masco — 22 March 1996

12. OFFICERS AND DIRECTORS		
TITLE	DPS	☑ DELETE
NAME	MASCO, HOWARD L.	
STREET ADDRESS	967 PINE HILL ROAD	
CITY-ST-ZIP	PALM HARBOR FL. 00000	
TITLE	D	☐ DELETE
NAME	MASCO, BARBARA J	
STREET ADDRESS	967 PINE HILL RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ DELETE
NAME	MASCO, NEIL	
STREET ADDRESS	967 PINE HILL RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ DELETE
NAME	MASCO, TODD	
STREET ADDRESS	967 PINE HILL RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME	Deceased	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	DPS	☑ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME	000001763870	
53 STREET ADDRESS	-04/01/96--01017--007	
54 CITY-ST-ZIP	***200.00	
61 TITLE		☐ Change ☐ Addition
62 NAME	800001763868	
63 STREET ADDRESS	-04/01/96--01017--006	
64 CITY-ST-ZIP	***8.75	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true. Filing is voluntary; 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 reports 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 added above with an address.

SIGNATURE: Barbara J Masco — 30 Jan 1996 (813) 943-8709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR