FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 10 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G66319 (6)

1. Corporate Name
SHADY OAKS FISH CAMP, INC.

Principal Place of Business
C/O BEN HEILMAN
1800 SHADY OAKD RD.
LAKE WALES FL 33853-6361

Mailing Address
C/O BEN HEILMAN
1800 SHADY OAKD RD.
LAKE WALES FL 33853-6361

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2429557 — 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

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

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

9. Name and Address of Current Registered Agent
HEILMAN, BEN
1800 SHADY OAKS ROAD
LAKE WALES FL 33853

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 617.0503, 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

12. OFFICERS AND DIRECTORS

Title	PCT
Name	HEILMAN, BEN
Street Address	1800 SHADY OAKS RD
City-St-Zip	LAKE WALES FL
Title	SVP
Name	LAWSON, LISA
Street Address	1800 SHADY OAKS ROAD
City-St-Zip	LAKE WALES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
SVP
LISA HEILMAN
1800 SHADY Oaks Road
Lake Wales FL 33853

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: Lisa Heilman 5-2-95 (813) 692-1261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0317387 CP