

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 # H26769 (0)  
1. Corporation Name  
ORANGEWOOD OF LAKE LAND, INC.



Principal Place of Business  
2910 SECURITY LN.  
P.O. DRAWER 728  
EATON PARK FL 33840

Mailing Address  
2910 SECURITY LN  
P.O. DRAWER 728  
EATON PARK FL 33840

2. Principal Place of Business  
21 3995 Hwy 60 E.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P. O. Box 1305  
Suite, Apt. #, etc.

22 City & State  
23 MULBERRY, FL  
24 33860 25 USA

27 City & State  
28 MULBERRY, FL  
29 33860 30 USA

3. Date Incorporated or Qualified 10/23/1984  
3a. Date of Last Period 05/18/1995

4. FEI Number 59-2468552  
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. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BULGER, J. MICHAEL  
2910 SECURITY LN.  
LAKE LAND FL 33801

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 3995 Highway 60 E.  
84 City MULBERRY FL 85 Zip Code 33860

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, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent Signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VSD	MILLER, RONALD L.	RT. 1, BOX 555	AUBURNDALE FL	<input type="checkbox"/>
PTD	BULGER, J. MICHAEL	6715 POLEY CREEK DR., W.	LAKE LAND FL	<input type="checkbox"/>
D	CLYATT, CHARLES E., JR.	5045 KIRKLAND RD.	LAKE LAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
VSD	RONALD L. MILLER	555 Sutton Rd	Auburndale, FL 33860	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-425-8000

CR2E034 (12/95)