CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

CORPORATION NNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OUMENT # H61716

(7)

Mailing Address

LAKE MONROE INN. INC.

Principal Place of Business

FILED Sep 19 1997 8:00am Secretary of State



PO BOX 47040 LAKE MONROE		PO BOX 470400 LAKE MONROE FL 32747			DO NOT WRITE IN THIS SPACE			
	·				3. Date Incorporated or Qualified 06/10/1985	d 3a. Date of Last Report 09/30/1996		
Principal P	lace of Business	28. Mailing Address			4. FEI Number			pplied For
.52	*	26			59-2559134			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing			May Be
23 3 Zip	Country		Count	fo/	Trust Fund Contribution	<u> </u>		to Fees
24	25 29 30		' y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current		1		10. Name and Address of New Re			
GUS	TAFSON, ALBERT D.		8	1 Name				
	5 N. HWY 17-92			2 Chront Ani	idress (P.O. Box Number is Not Acceptate	-la\		·
	FORD FL 32771		82 Street Add		suress (F.O. Box Number is Not Acceptat	леј		
٠ .	•		8	3				
7	•		8	4 City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508. Florida Statutos	the ebo	ve-named co	orporation submits this statement for the p		phanaina i	te registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was au	ithorized t	ov the corpor	ration's board of directors. I hereby accept	ot the appoi	intment as	registered
SIGNATURE	Signiture, typed or printed name of registered agen	and tille it applicable. (NOTE:	Registered A	oeril signature reg	quired when reinstating)	DATE	· ····	
12.	OFFICERS AND		13.	gorii bigilalare req	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	P	DELETE	11 TITLE				Change	Addition
NAME	GUSTAFSON, ALBERT D.		1.2 NAME	:	•			
STREET ADDRESS	2485 N. HWY. 17-92		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY	-ST-ZIP				
TITLE	VP	DELETE	2.1 TITLE			Ţ	Change	Addition
NAME	GUSTAFSON, MARGARET A.		2.2 NAME					
STREET ADDRESS	2485 N. HWY. 17-92		2.3 STREET ADDRESS					
CITY-ST-	SANFORD FL 32771		2.4 CITY	- S1 - ZIP				
TIJLE .		DELETE 3.1					Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY	- ST - ZIP				
TITLE	☐ DELETE 4		4.1 TITLE				Change	Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	ET ADDRESS				,
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE			5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	1 ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		<u> </u>		
TITLE		L_] DELETE	6.1 TITLE	[Į	Change	Addition
NAME			6.2 NAME					ļ
STREET ADDRESS			6.3 STREE	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY					
intormation Lam an of	n i ndicate d on this annual report or su	pplemental annual report is trui he receiver or trustee empower	e and acc	curate and tha	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as i	f made und	der oath: that l