## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 1                                  | 1996                                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | DIVISION OF CORPORATIONS                                      |                        |                                  |  |             |                           |                     |
|------------------------------------|--|---------------------------------------|---|------------------------|----------------------------------|--|-------------|---------------------------|---------------------|
|                                    | VENT#                                  | H62162                                | (3)   |                        |                                  |  |             |                           |                     |
|                                    | VATER LAKE ES                          | TATES, INC.                           |   |                        |                                  | a abbien bia bind haddi adib b   | IIO IIO IIO | i B(B() B(B)) B()         | II BIBLI BIBIN IBBI |
|                                    |  |                                       |   |                        |                                  |  |             |                           |                     |
| hindipa' Place                     | of Business                            | Ma                                    | iling Address   |                        |                                  | THE PART OF THE PA |             | ., ., .,                  |                     |
| ROUTE 1 B                          | DKS HERMAN<br>BOX 287D9<br>NE FL 32640 |                                       | % F. BROOKS HERMAN<br>ROUTE 1 BOX 287D9<br>HAWTHORNE FL 32640 | •                      |                                  |  |             |                           |                     |
| HAWIHOR                            | NE FL 32040                            |                                       | HAWITHORNE PL 32040   |                        |                                  | <ol> <li>Date Incorporated or Qualified 06/17/1985</li> </ol>  | 3a. Da      | of Last Ro<br>02/06/19    |                     |
| . Principal Pic                    | ice of Business                        | F · ¬                                 | Mailing Address   |                        |                                  | 4. FEI Number<br>59-2565463  |             | L                         | Applied For         |
| 26                                 |  |                                       | Suite, Apt. #, etc.   |                        | 3872303403                       |  | <del></del> | Not Applicable Additional |                     |
| Suite, Apt. #, etc.                |  |                                       | State, Apr. #, etc.   |                        | 5. Certificate of Status Desired |  |             | Required                  |                     |
| City & State 28                    |  |                                       | City & State  |                        |                                  | Election Campaign Financing     Trust Fund Contribution  |             |                           | May Be<br>to Fees   |
| 71                                 | Соцг<br><b>25</b>                      |                                       | <i>Z</i> ip <b>3</b> (  | Country                | ,                                | This corporation has liability for Florida Statutes  **Torida Statutes**  **Torida Statu      | ∐ No        |                           | 199.032,            |
|                                    | g, Name and Add                        | iress of Current Regis                | tered Agent   | · -                    | 1                                | 10. Name and Address of New R  | egistere    | d Agent                   |                     |
|                                    |  |                                       |   | 81                     | Name                             |  |             |                           |                     |
| HERMAN, F. BROOKS                  |  |                                       |   | 82                     | Street Add                       | ress (P.O. Box Number is Not Acceptat  | le)         |                           |                     |
|                                    | E 1, BOX 287D9<br>HORNE FL 32647       |                                       |   | 83                     |                                  |  |             |                           |                     |
| HAWII                              | HURNE FL 32047                         |                                       |   |                        |                                  |  | <u>-</u>    |                           |                     |
|                                    |  |                                       |   | 84                     |                                  |  | F           |                           | o Code              |
| tamiliar wit                       | th, and accept the obt                 | igations of, Section 607.             | 0505, Florida Statutes.                                       |                        |                                  | oration submits this statement for the purard of directors. I hereby accept the app<br>and of directors is the appared when reinstalling   | DATE        |                           |                     |
| 12.                                | · · · · · · · · · · · · · · · · · · ·  | OFFICERS AND DIREC                    |   | 13.                    |                                  | ADDITIONS/CHANGES TO OFF   | ICERS A     | ND DIRECTO Change         | RS IN 12 Addition   |
| 14f) F                             | HERMAN, F.B                            | DUUNE                                 | DELETE  | 1 1 TIFLE<br>1.2 NAMÉ  | į                                |  |             | L_ Change                 |                     |
| NAME<br>SEREET ADDRESS             | RT. 1,BOX 28                           |                                       |   |                        | T ADDRESS                        |  |             |                           |                     |
| other Chebbneson<br>CHY ST ZIP     | HAWTHORNE                              |                                       |   | 1.4 CiTY -             |                                  |  |             |                           |                     |
| 1 lut                              | 1                                      | · · · · · · · · · · · · · · · · · · · | □ DELFTE  | 2 1 TITLE              |                                  |  |             | Change                    | ☐ Addition          |
| NAM:                               |  |                                       |   | 22 NAME                |                                  |  |             |                           |                     |
| STREET ADERESS                     |  |                                       |   | 23 STREE               | T ADDRESS                        |  |             |                           |                     |
| JITY - ST- ZIP                     |  |                                       | ED DELETE   | 2.4 CITY-              |                                  |  |             | Change                    | Addition            |
| 1171.F                             |  |                                       | DEFETE  | 3 1 TITLE<br>3 2 NAME  |                                  | · ·  |             | - Change                  | ☐ Madetton          |
| NAME<br>Contractorices             |  |                                       |   |                        | ET ADORESS                       |  |             |                           |                     |
| s het i adioress .<br>Dily ist zif |  |                                       |   | 3 4 CITY-              | 1                                |  |             |                           |                     |
| onr arzii.<br>Dile                 | †                                      |                                       | DELFTE  | 4 1 TITLE              |                                  |  |             | Change                    | Addition            |
| NAME:                              |  |                                       |   | 4.2 NAME               | ļ                                |  |             |                           |                     |
| STREET ADDRESS                     |  |                                       |   | 4 3 STREE              | 1 ADDRESS                        |  |             |                           |                     |
| 3.1Y-\$1-ZP                        |  | .,                                    |   | 4.4 CHTY -             |                                  |  |             | D 05                      | [**] Add::          |
| TI'LE                              |  |                                       | DEFELE  | 5 1 1111.6             |                                  |  |             | ☐ Change                  | Addition            |
| NAME                               |  |                                       |   | 5.2 NAME               |                                  |  |             |                           |                     |
| STEEL ACCURESS                     |  |                                       |   |                        | T ADDRESS                        |  |             |                           |                     |
| OTY-ST-ZIF<br>THUE                 |  |                                       | [] DELETE   | 5 4 C(1) -<br>6 1 T(T) |                                  |  |             | ☐ Change                  | ☐ Addition          |
| NAMI<br>NAMI                       |  |                                       | E   | 6.2 NAME               |                                  |  |             |                           |                     |
|                                    |  |                                       |   | G 2 INAMIE             |                                  |  |             |                           |                     |
| STREET ADDRESS                     |  |                                       |   |                        | ET ADDRESS                       |  |             |                           |                     |
| STREET ADDRESS.<br>CHY. ST. ZIP    |  |                                       |   |                        | T ADDRESS                        |  |             |                           |                     |

14. Too 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 carls, 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: FIGURE 12 OF BIOCK 12 OF BIOCK 13 OF BIOCK

2-13-91 31-2- 11-3951

Date Destrict Proces