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 JUL 20 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J23571** **(9)**

1. Corporation Name
PALM HAVEN OF LAKE COUNTY, INC.

Principal Place of Business	Mailing Address
% KEVIN N. BURKHOLDER 3016 LAKE WOODWARD DRIVE EUSTIS FL 32726	% KEVIN N. BURKHOLDER 3016 LAKE WOODWARD DRIVE EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1986
3a. Date of Last Report: 06/22/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 59-2706376 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22 1503 Blackberry Ct.
Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23 Eustis, FL
City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24 32726
Country
25 Lake
Zip
29
Country
30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BURKHOLDER, KEVIN N.
3016 LAKE WOODWARD DRIVE
EUSTIS FL 32726

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BURKHOLDER, KEVIN N.	1.2 NAME		
STREET ADDRESS	3016 LAKE WOODWARD DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	BURKHOLDER, GLORIA D.	2.2 NAME		
STREET ADDRESS	3016 LAKE WOODWARD DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☒ Change ☐ Addition
NAME	BURKHOLDER, ANNA MARY	3.2 NAME	HESS, ANNA MARY	
STREET ADDRESS	1503 BLACKBERRY CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Gloria D. Burkholder Gloria D. Burkholder 4/27/95 (904) 589-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049077 CP