

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J23571 (9)

1. Corporation Name

PALM HAVEN OF LAKE COUNTY, INC.



Principal Place of Business

1503 BLACKBERRY CT
3016 LAKE WOODWARD DRIVE
EUSTIS FL 32726
US

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

24 9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
07/09/1986

3a. Date of Last Report
07/20/1995

4. FEI Number
59-2706376

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

By _____, Secretary of State, on _____, 2006

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
BURKHOLDER, KEVIN N.
3016 LAKE WOODWARD DRIVE
EUSTIS FL

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
STD
BURKHOLDER, GLORIA D.
3016 LAKE WOODWARD DRIVE
EUSTIS FL

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
HESS, ANNA MARY
1503 BLACKBERRY CT.
EUSTIS FL

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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5. TITLE
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13.

1. TITLE
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95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition

☐ Change ☐ Addition

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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: *Gloria D. Burkholder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria D. Burkholder 3/20/96 (352)589-1515
Date Telephone Number

CR2E034 (12/95)