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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CORPORATION
ANNUAL REPORT
1995 4-27-95



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

DOCUMENT # J24148 (5)

1. Corporation Name

O. T. C. (PINELAKE CAMP RESORT) INC.

Principal Place of Business

7000 OKEECHOBEE BLVD
WEST PALM BEACH FL 33411

Mailing Address

7000 OKEECHOBEE BLVD
WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/14/1986

3a. Date of Last Report

06/30/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-2713200

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. 100.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SCHWENCKE, KERRY R.
1645 PALM BEACH LAKES BLVD.
SUITE 720
WEST PALM BEACH FL 33401

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

Signature, type or printed name of registered agent and file 4 in Schedule

(NOTE: Registered Agent signature required when re-registering)

7/24/95
DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
CANNON, WILLIAM S., JR.
333 N. FEDERAL HWY.
LAKE PARK FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
O'CONNELL, CLIFFORD R.
333 N. FEDERAL HWY.
LAKE PARK FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD
TAYLOR, LESLIE
333 N. FEDERAL HWY.
LAKE PARK FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(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:

WILLIAM S. CANNON, JR. PRES.

7/27/95

686-0717