

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Larinda B. Anthony  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

9 MAY 11 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J93996** (3)

1. Corporation Name  
**ORLANDO LAKE FOREST, INC.**

Principal Place of Business Mailing Address  
**10172 LINN STATION ROAD  
LOUISVILLE KY 40223**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/21/1987** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 City & State 28 City & State  
24 City 25 County 29 City 30 County

4. FEI Number **61-1126770** 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(1)(b), Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ADAMS, GARY D  
UNIVERSITY BUSINESS CENTER  
3300 UNIVERSITY BLVD, SUITE 150  
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent  
81 Name **MARGARET O. TOMPLETON**  
82 Street Address (P.O. Box Number is Not Acceptable) **5350 SHORELINE CIRCLE**  
83  
84 City **LAKE FOREST** FL 85 Zip Code **32771**

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 *Margaret O. Tompleton* 4-13-95

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	NICHOLS, J.D.
STREET ADDRESS	10172 LINN STATION RD.
CITY, ST, ZIP	LOUISVILLE KY
TITLE	P
NAME	GOOD, RICHARD L
STREET ADDRESS	10172 LINN STATION RD.
CITY, ST, ZIP	LOUISVILLE KY
TITLE	SVPS
NAME	GREGORY A. COMPTON
STREET ADDRESS	10172 LINN STATION RD.
CITY, ST, ZIP	LOUISVILLE KY
TITLE	SVPT
NAME	MULROONEY, JAMES M
STREET ADDRESS	10172 LINN STATION ROAD
CITY, ST, ZIP	LOUISVILLE KY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	SVPT HAMPTON, JOHN W.
43 STREET ADDRESS	10172 LINN STATION RD
44 CITY, ST, ZIP	LOUISVILLE, KY.
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	EX. V.P. TOMPLETON, MARGARET O.
53 STREET ADDRESS	5350 SHORELINE CIRCLE
54 CITY, ST, ZIP	LAKE FOREST, FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report or changed to my current name and address.

SIGNATURE: *GREGORY A. COMPTON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GREGORY A. COMPTON, SVPT/SBC**  
4/11/95 (502) 426-4900