

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K06597 (4)

1. Corporation Name

LAKE YALE FERNS, INC.



Principal Place of Business

Mailing Address

**38210 YALE CIRCLE
GRAND ISLAND FL 32735
US**

**P.O. BOX 350175
GRAND ISLAND FL 32735
US**

3. Date Incorporated or Qualified
01/01/1988

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **1009 Jasmine Ave**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **Eustis FL**

28 City & State

24 **32726**

25 **USA**

29 Zip

30 Country

4. FET Number

59-2859187

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, SALLIE D.
38210 YALE CIRCLE
GRAND ISLAND FL 32735**

81 Name

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

1009 Jasmine Ave

83

84 City **EUSTIS**

FL

85 Zip Code **32726**

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

Sallie D. Wallace
Signature, typed or printed name of registered agent and title if applicable

SALLIE D. WALLACE, SECRETARY/TREAS. 4-25-96
(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD WALLACE, L. KELLY**
STREET ADDRESS **38210 YALE CIR.**
CITY-ST-ZIP **GRAND ISLAND FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1009 JASMINE AVE**
1.4 CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE ☐ DELETE
NAME **SD WALLACE, SALLIE D.**
STREET ADDRESS **38210 YALE CIR.**
CITY-ST-ZIP **GRAND ISLAND FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1009 JASMINE AVE.**
2.4 CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

Sallie D. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALLIE D. WALLACE

4/25/96 (352) 857-0753
Date Daytime Phone

CR2E034 (12/95)