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**CORPORATION  
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE  
Jan Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1994 1995

1. Corporation Name  
**THE INTERLACHEN COMPANY**

DOCUMENT #  
**K21059 (6)**

Mailing Address  
**1157 TOM GURNEY DRIVE  
WINTER PARK FL 32789**

Principal Place of Business  
**1157 TOM GURNEY DRIVE  
WINTER PARK FL 32789**

000001470110  
-05/01/95--01092--005  
\*\*\*\*\*200.00 \*\*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

|                           |                                       |                                                                                                                                                             |                                                                                 |
|---------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 2. Mailing Address<br>21  | 2a. Principal Place of Business<br>26 | 3. Date Incorporated or Qualified<br>04/14/1988                                                                                                             | 3a. Date of Last Report<br>05/01/1993                                           |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27             | 4. FEI Number<br>59-2883937                                                                                                                                 | Applied For<br>Not Applicable                                                   |
| City & State<br>23        | City & State<br>28                    | 5. Certificate of Status Desired<br>\$8.75 Additional Fee Required <input type="checkbox"/>                                                                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| Zip<br>24                 | Zip<br>29                             | 7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>                                                                                 | \$5.00 May Be Added to Fees                                                     |
| Country<br>25             | Country<br>30                         | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                 |

|                                                                                                                                       |                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>GRAHAM, JESSE E.<br/>369 N NEW YORK AVE<br/>3RD FL<br/>WINTER PARK FL 32789</b> | 10. Name and Address of New Registered Agent<br>81 Name<br><b>C. BAXTER BODE</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>225 S. SWANPE AVE. SUITE 110</b><br>83<br>84 City<br><b>MAITLAND</b> FL 85 Zip Code<br><b>32751</b> |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE DATE **4-11-95**

| 12. OFFICERS AND DIRECTORS                                                                                                         | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12                    |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY ST ZIP<br><b>D<br/>BODE, C. BAXTER<br/>552 FINCHLEY RD<br/>MAITLAND FL</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY ST ZIP |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY ST ZIP                                                                     | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY ST ZIP |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY ST ZIP                                                                     | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY ST ZIP |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY ST ZIP                                                                     | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY ST ZIP |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY ST ZIP                                                                     | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY ST ZIP |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY ST ZIP                                                                     | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **4-11-95** 407 539-1620