

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # L25889

(1)

95 JAN 13 AM 9:31

1. Corporation Name

FERN VIEW ACLF. INC.

Principal Place of Business

**579 JOHNSON LAKE RD.
DELEON SPRINGS FL 32130
US**

Mailing Address

**579 JOHNSON LAKE RD.
DELEON SPRINGS FL 32130
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1989

3a. Date of Last Report

07/06/1994

4. FEI Number

59-2973811

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

**WALKER, ETHEL
579 JOHNSON LAKE RD.
DELEON SPGS. FL 32130**

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

Ethel Walker
ETHEL WALKER

1-7-95

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WALKER, ETHEL
STREET ADDRESS	579 JOHNSON LAKE RD.
CITY, ST, ZIP	DELEON SPGS. FL
TITLE	VS
NAME	WALKER, DAVID
STREET ADDRESS	579 JOHNSON LAKE RD.
CITY, ST, ZIP	DELEON SPGS. 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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the Secretary, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 190.07(1)(b), Florida Statutes. I further certify that the information included 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 this 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 1, of Block 1 of this filing or on an attachment with an address.

SIGNATURE:

Ethel Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ETHEL WALKER

1-7-95

704-985-2315