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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M89392** **(8)**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 10172 LINN STATION ROAD<br>LOUISVILLE KY 40223 | 10172 LINN STATION ROAD<br>LOUISVILLE KY 40223 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/13/1988**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **61-1149967** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
7. This corporation has liability for intangible tax under S. 199.032, 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. TEMPLETON
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: X Margaret O. Templeton — 4-13-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NICHOLS, J.D. | 1.2 NAME | | |
| STREET ADDRESS | 10172 LINN STATION RD | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | 1.4 CITY-ST-ZIP | | |
| TITLE | P | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GOOD, RICHARD L. | 2.2 NAME | | |
| STREET ADDRESS | 10172 LINN STATION RD | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | 2.4 CITY-ST-ZIP | | |
| TITLE | SVPT | 3.1 TITLE | SVPT | ☑ Change ☑ Addition |
| NAME | MULROONEY, JAMES M | 3.2 NAME | HAMPTON, JOHN W. | |
| STREET ADDRESS | 10172 LINN STATION RD | 3.3 STREET ADDRESS | 10172 LINN STATION RD. | |
| CITY-ST-ZIP | LOUISVILLE KY | 3.4 CITY-ST-ZIP | LOUISVILLE, KY | |
| TITLE | SVPS | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GREGORY A. COMPTON | 4.2 NAME | | |
| STREET ADDRESS | 10172 LINN STATION RD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | SVP | ☐ Change ☑ Addition |
| NAME | | 5.2 NAME | ADAMS, GARY D. | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 10172 LINN STATION RD | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | LOUISVILLE, KY | |
| TITLE | | 6.1 TITLE | SVP | ☐ Change ☑ Addition |
| NAME | | 6.2 NAME | TEMPLETON, MARGARET O. | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 5350 SHORELINE CIRCLE | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | LAKE FOREST | |

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)(i), 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: Gregory A. Compton — 4/13/95 — (502) 426-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GREGORY A. COMPTON, SR. V. PRES/SEC.

CR