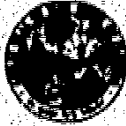


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
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  
**10172 LINN STATION ROAD  
LOUISVILLE KY 40223**

Mailing Address  
**10172 LINN STATION ROAD  
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**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number  
**61-1149967**

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

**ADAMS, GARY D  
UNIVERSITY BUSINESS CENTER  
3300 UNIVERSITY BLVD., SUITE 150  
WINTER PARK FL 32782**

81 Name

**MARGARET O. TEMPLETON**

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

**5350 SHARGLINE 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. Templeton*

(NOTE: Registered Agent signature required when reappointing)

**4-13-95**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |
|-----------------|-----------------------|
| TITLE           | CD                    |
| 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           | SVPT                  |
| NAME            | MULROONEY, JAMES M    |
| 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           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

|                     |                                                                                         |
|---------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 1.2 NAME            |                                                                                         |
| 1.3 STREET ADDRESS  |                                                                                         |
| 1.4 CITY - ST - ZIP |                                                                                         |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 2.2 NAME            |                                                                                         |
| 2.3 STREET ADDRESS  |                                                                                         |
| 2.4 CITY - ST - ZIP |                                                                                         |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | SVPT                                                                                    |
| 3.3 STREET ADDRESS  | HAMPTON, JOHN W.                                                                        |
| 3.4 CITY - ST - ZIP | 10172 LINN STATION RD.<br>LOUISVILLE, KY                                                |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME            |                                                                                         |
| 4.3 STREET ADDRESS  |                                                                                         |
| 4.4 CITY - ST - ZIP |                                                                                         |
| 5.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 5.2 NAME            | SVPT                                                                                    |
| 5.3 STREET ADDRESS  | ADAMS, GARY D.                                                                          |
| 5.4 CITY - ST - ZIP | 10172 LINN STATION RD<br>LOUISVILLE, KY                                                 |
| 6.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 6.2 NAME            | SVPT                                                                                    |
| 6.3 STREET ADDRESS  | TEMPLETON, MARGARET O.                                                                  |
| 6.4 CITY - ST - ZIP | 5350 SHARGLINE CIRCLE<br>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)(k), 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 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:

*Gary A. Compton*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GREGORY A. COMPTON, SR. V. PRES./SEC.**

**4/13/95 (502) 426-4800**  
DATE PHONE #