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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:23

DOCUMENT # N14876 (9)

1. Corporation Name

FOXWOOD LAKE ESTATES SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

% JOSEPH G. HERN, JR.
5300 S FLORIDA AVE P O BOX 5378
LAKELAND FL 33807-2378

% JOSEPH G. HERN, JR.
5300 S FLORIDA AVE P O BOX 5378
LAKELAND FL 33807-2378

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1986

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2384268

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

RIEMER, VILAND
4444 U.S. 98 NORTH
LOT #383
LAKELAND FL 33809

81 Name

SHULL, GLEN

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

4444 U.S. 98 NORTH #547

83

84 City

LAKELAND

FL

85 Zip Code

33809

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

Glen C. Shull

GLEN C. SHULL

2/10/95

(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 DP
NAME REIMER, VILAND
STREET ADDRESS 444 U.S. 98TH NORTH #383
CITY-ST- ZIP LAKELAND FL

1.1 TITLE DP
1.2 NAME SHULL, GLEN C.
1.3 STREET ADDRESS 4444 U.S. 98 NORTH #547
1.4 CITY-ST- ZIP LAKELAND FL 33809

TITLE DV
NAME SHULL, GLEN
STREET ADDRESS 4444 U.S. 98 NORTH, #547
CITY-ST- ZIP LAKELAND FL

2.1 TITLE DV
2.2 NAME ALLEN, WAYNE
2.3 STREET ADDRESS 4444 U.S. 98 NORTH #685
2.4 CITY-ST- ZIP LAKELAND FL 33809

TITLE DY
NAME PIRAINO, MARY H.
STREET ADDRESS 4444 U.S. 98 NORTH, #648
CITY-ST- ZIP LAKELAND FL

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

TITLE DS
NAME BARKER, KAY
STREET ADDRESS 4444 US 98 N. #638
CITY-ST- ZIP LAKELAND FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

6.1 TITLE
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 190.02(9)(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 the corporation or the person or persons empowered to execute this report as required by 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:

Mary H. Piraino
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
MARY H. PIRAINO

2/10/95 (813)-858-7454
(Telephone)