FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR -9 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33942 (6)

1. Corporation Name

LAKE ANGLERS CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 983 MINNEOLA FL 34755	P.O. BOX 983 MINNEOLA FL 34755

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/29/1989	07/26/1994

4. FEI Number: 59-2964651 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

AMOS, ROBERT
263 SAVAGE WAY
GROVELAND FL 34736

10. Name and Address of New Registered Agent

81 Name X
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 ______ 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	P		1.1 TITLE	P D	☐ Change ☐ Addition
NAME	CRUZ, CLAUDE	(D)	1.2 NAME	cruz chaude	
STREET ADDRESS	P. O. BOX 33 N/A		1.3 STREET ADDRESS	Po Box 33 NA	
CITY-ST-ZIP	MINNEOLA FL		1.4 CITY-ST-ZIP	Mineola FLA	
TITLE	V		2.1 TITLE	V P	☒ Change ☐ Addition
NAME	~~CONRAD, TOMMY~~	(T)	2.2 NAME	Causey charlie	
STREET ADDRESS	~~984 DESOTA ST.~~		2.3 STREET ADDRESS	Box 641	
CITY-ST-ZIP	~~CLERMONT FL~~		2.4 CITY-ST-ZIP	Clermont FLA	
TITLE	ST		3.1 TITLE	ST D	☐ Change ☐ Addition
NAME	KINNEMAND, TOM	(T)	3.2 NAME	Kinnemand Tom	
STREET ADDRESS	8530 N. BRADSHAW		3.3 STREET ADDRESS	8530 N. Bradshaw	
CITY-ST-ZIP	CLERMONT FL		3.4 CITY-ST-ZIP	Clermont FLA	
TITLE	T		4.1 TITLE	T D	☐ Change ☐ Addition
NAME	ROHL, BILL	(T)	4.2 NAME	Rohl Bill	
STREET ADDRESS	8520 FLA. BOYS RANCH RD.		4.3 STREET ADDRESS	8520 FLA Boys Ranch Rd	
CITY-ST-ZIP	GROVELAND FL		4.4 CITY-ST-ZIP	Groveland FLA	
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(k), 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: Tom Kinnemand Bill Rohl   1/30/95   429-9558 242-1065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0073687