

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000004644 (9)

1. Corporation Name

LIGHTHOUSE REEF RESORT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9: 07

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
114 N. TENNESSEE AVENUE SUITE 202 LAKELAND FL 33801		114 N. TENNESSEE AVENUE SUITE 202 LAKELAND FL 33801	
2. Principal Place of Business		2a. Mailing Address	
21		26 P.O. Box 425	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29 33802-0425	
Country		Country	
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
01/11/1993	03/03/1994
4. FEI Number	Applied For
59-3189115	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
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	
MURPHY, RONALD T 4740 CLEVELAND HEIGHTS BLVD. SUITE 1 LAKELAND FL		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, THOMAS J	1.2 NAME	
STREET ADDRESS	114 N. TENNESSEE AVE., SUITE 202	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33801	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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 110.07(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 a 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 addition with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95 813-688-7004