FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90096 027 ***150.00

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DOCUMENT # P93000050968

1. Corporation Name
MID LAKES RESORT, INC.

Principal Place of Business	Mailing Address
310 SO. LAKE AVE TAVARES FL 32778 US	PO BOX 54 PO BOX 68 TARARES FL 32778 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/21/1993

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 68
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Tavares Florida
Zip 24 Country 25	Zip 29 32778 Country 30 US

4. FEI Number: 65-0424903 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR
124 N BREVARD AVE
ARCADIA FL 34226

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig

12. OFFICERS AND DIRECTORS			13.	
TITLE	D	☐ DELETE	1.1 TITLE	
NAME	TANNER, JOHN		1.2 NAME	
STREET ADDRESS	PO BOX 68 N/A		1.3 STREET AD	
CITY-ST-ZIP	TARARES FL 32778		1.4 CITY-ST-Z	
TITLE	D	☐ DELETE	2.1 TITLE	
NAME	DAY, DON R		2.2 NAME	
STREET ADDRESS	PO BOX 68 N/A		2.3 STREET AI	
CITY-ST-ZIP	TARARES FL 32778		2. 4 CITY-ST-	
TITLE		☐ DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET AI	
CITY-ST-ZIP			3.4. CITY-ST-	
TITLE		☐ DELETE	4.1 TITLE	
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET A	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

You show - mailing address
PO Box 54
PO Box 68
Tarares, Florida 32778
Please DROP
PO Box 54

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: John M. Tanner JOHN M. TANNER 1-7-99 352-742-1088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)