FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000076410 (8)**

1. Corporation Name
CHAIN OF LAKES, INC.

Principal Place of Business
P O BOX 1399
WINTER HAVEN FL 33882-1399
US

Mailing Address
P O BOX 1399
HAINES CITY FL 33882-1399
US

3. Date Incorporated or Qualified: 11/04/1993
3a. Date of Last Report: 06/13/1995

2. Principal Place of Business
21 14900 CAMP MACK ROAD
Suite, Apt. #, etc.
22
City & State
23 LAKE WALES, FLORIDA
Zip 24 33853 Country 25 U.S.A.

2a. Mailing Address
26 14900 CAMP MACK ROAD
Suite, Apt. #, etc
27
City & State
28 LAKE WALES, FLORIDA
Zip 29 33853 Country 30 U.S.A.

4. FEI Number: 59-3208728 — 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
SNIVELY PATE
2970 CHICKASAW DR
HAINES CITY FL 33844

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 signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	SNIVELY PATE	
STREET ADDRESS	2970 CHICKASAW DR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VSD	☐ DELETE
NAME	SNIVELY M PATE JR	
STREET ADDRESS	939 AVENUE A SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	☐ DELETE
NAME	SNIVELY CHARLES S	
STREET ADDRESS	14725 CAMP MACK ROAD	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	SD	☐ DELETE
NAME	SNIVELY WILLIAM H	
STREET ADDRESS	3111 MAR LISA COVE ROAD	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	☐ DELETE
NAME	SNIVELY VIRGINIA S	
STREET ADDRESS	2970 CHICKASAW DR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Pres 5-29-96 1-941-696 2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DATE SNIVELY