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FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000088390 (7)

1. Corporation Name

FAC OF LAKE WALES, INC.

Principal Place of Business

230 E PARK AVE  
LAKE WALES FL 33853  
US

Mailing Address

P.O. BOX 2368  
LAKE WALES FL 33850-2368  
US



3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

02/06/1996

4. FEI Number

65-0544519

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

10. Name and Address of New Registered Agent

~~BUTLER, MICHAEL~~  
~~244 EAST PARK AVENUE~~  
~~LAKE WALES FL 33853~~

81 Name

H. Daniel Shaw

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

244 E. Park Avenue

83

84 City

Lake Wales

FL

85 Zip Code

33853

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

*H. Daniel Shaw*

1/10/97

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 PD ☐ DELETE

NAME SHAW, H. DANIEL  
STREET ADDRESS 1117 CEPHIA  
CITY-ST-ZIP LAKE WALES FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME BARTLETT, THOMAS E.  
STREET ADDRESS 6700 W CENTRAL SUITE 108  
CITY-ST-ZIP WICHITA KS

2.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME MEALEY, RAYMOND R  
STREET ADDRESS 244 EAST PARK AVENUE  
CITY-ST-ZIP LAKE WALES FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ~~D~~ ☒ DELETE

NAME ~~SHERMAN, KYLE D~~  
STREET ADDRESS ~~244 EAST PARK AVENUE~~  
CITY-ST-ZIP ~~LAKE WALES FL~~

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

*H. Daniel Shaw*

H. Daniel Shaw, President 1/10/97 (800) 989-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0394631

CR2E034 (9/96)