

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000069522 (7)
1. Corporation Name

ORMOND LAKES, INC.



Principal Place of Business

Mailing Address

150 SO. PALMETTO PARK AVENUE
DAYTONA BEACH FL 32114

150 SO. PALMETTO PARK AVENUE
DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified
09/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 150 South Palmetto Ave.

26 150 South Palmetto Ave.

4. FEI Number
59-3349496

Applied For
Not Applicable

22 Suite, Apt #, etc
3rd Floor

Suite, Apt #, etc

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
Daytona Beach, Florida

27 Box A
City & State
Daytona Beach, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
32114

25 Country
USA

29 Zip
32114

30 Country
USA

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

TUMBLESON, J D
150 SO. PALMETTO PARK AVENUE
DAYTONA BEACH FL 32114

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
150 South Palmetto Avenue, 3rd Floor

83

84 City
Daytona Beach

FL

85 Zip Code
32114

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.

07-16-96

SIGNATURE

J. Doyle Tumbleson

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS DURRANCE, THOMAS L
CITY-ST-ZIP POST OFFICE BOX 11349
DAYTONA BEACH FL 32120

TITLE ☐ DELETE
NAME D
STREET ADDRESS TUMBLESON, J D
CITY-ST-ZIP 150 SO. PALMETTO PARK AVENUE
DAYTONA BEACH FL 32114

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME President/Director
13 STREET ADDRESS Thomas L. Durrance
14 CITY-ST-ZIP P. O. Box 11349
Daytona Beach, FL 32120

21 TITLE Secretary/Director
22 NAME J.D. Tumbleson
23 STREET ADDRESS 150 South Palmetto Avenue, Box A
24 CITY-ST-ZIP Daytona Beach, FL 32114

31 TITLE Vice-President/Treasurer/
32 NAME Director
33 STREET ADDRESS Ronnie Bledsoe
34 CITY-ST-ZIP 952-B Big Tree Road
South Daytona, FL 32119

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Doyle Tumbleson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-16-96

(904) 252-1561