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

PROFIT CORPORATION ANNUAL REPORT

**1997**

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

FILED
Feb 11 1997 8:00am
Secretary of State

DOCUMENT # **P95000080150 (2)**

1. Corporation Name
**LAKE EUSTIS MARINA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 350 LAKE SHORE DR<br>EUSTIS FL 32726 | 350 LAKE SHORE DR<br>EUSTIS FL 32726-4025 |

3. Date Incorporated or Qualified: **10/16/1995**
3a. Date of Last Report: **06/14/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-3340194** ☐ 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

**MCMANUS, MICHELLE T**
**350 LAKE SHORE DR**
**EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name: Carolyn C Terry
82 Street Address (P.O. Box Number is Not Acceptable): 350 Lakeshore Dr.
83
84 City: Eustis **FL** 85 Zip Code: 32726

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: CAROLYN C TERRY — Carolyn C Terry — DATE: 02/05/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | TD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCMANUS, MICHELLE T | | 1.2 NAME | | |
| STREET ADDRESS | 625 E WASHINGTON AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EUSTIS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FRED TERRY | | 2.2 NAME | | |
| STREET ADDRESS | 37122 S. FISHCAMP RD. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GRAND ISLAND FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | C. DANIEL MCMANUS | | 3.2 NAME | | |
| STREET ADDRESS | 950 CEDAR AVE. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAVARES FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CAROLYN TERRY | | 4.2 NAME | | |
| STREET ADDRESS | 37122 S. FISHCAMP RD. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GRAND ISLAND FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WILLIAM R. MCMANUS | | 5.2 NAME | | |
| STREET ADDRESS | 625 E. WASHINGTON AVE. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EUSTIS FL | | 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 | | |

CR2E034 (9/96)

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:** Carolyn C Terry — 02/05/97 — (352) 357-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #