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PROXY
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000017968 (4)

1. Corporation Name

AKELA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5330 FAIRMONT ROAD
LAKE WALES FL 33853

5330 FAIRMONT ROAD
LAKE WALES FL 33853-7675

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

02/27/1996

3a. Date of Last Report

4. FEI Number

59-3364300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

Rose M. Morgan

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

5330 Fairmont Road

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

Rose M. Morgan

Rose M. Morgan

4/7/97

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MORGAN, DENIS R
STREET ADDRESS 5330 FAIRMONT ROAD
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ST ☐ DELETE

NAME MORGAN, ROSE M
STREET ADDRESS 5330 FAIRMONT ROAD
CITY-ST-ZIP LAKE WALES FL 33853

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

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

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:

Rose M. Morgan

4/7/97

911 429 1111

FILED

97 MAY 19 04:11:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E034 (9/96)