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May 12 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 # **P96000091128 (4)**

1. Corporation Name
FAWN LAKE ESTATES, INC.

Principal Place of Business	Mailing Address
2331 ROCKLEDGE DR ROCKLEDGE FL 32955	2331 ROCKLEDGE DR ROCKLEDGE FL 32955-5405

3. Date Incorporated or Qualified: 11/04/1996
3a. Date of Last Report:

2. Principal Place of Business
21 5200 AMY WAY
Suite, Apt. #, etc.
22
City & State
23 MIMS, FL
Zip 24 32754 Country 25 U.S.A.

2a. Mailing Address
26 P.O. BOX 6685
Suite, Apt. #, etc.
27
City & State
28 TITUSVILLE, FL
Zip 29 32782 Country 30 U.S.A.

4. FEI Number: 59-3441022 ☐ 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

HORNE, RUBY R
2331 ROCKLEDGE DR
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name: TIMOTHY R. DENNARD, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 5200 AMY WAY
83
84 City: MIMS FL 85 Zip Code: 32754

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: Timothy R. Dennard Jr — Timothy R. Dennard, Jr — 4/25/97
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	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	HORNE, RUBY R		1.2 NAME	TIMOTHY R. DENNARD, JR.	
STREET ADDRESS	2331 ROCKLEDGE DR		1.3 STREET ADDRESS	5200 AMY WAY	
CITY-ST-ZIP	ROCKLEDGE FL 32955		1.4 CITY-ST-ZIP	MIMS, FL 32754	
TITLE		☐ DELETE	2.1 TITLE	SECRETARY-TREASURY	☐ Change ☒ Addition
NAME			2.2 NAME	RUBY R. HORNE	
STREET ADDRESS			2.3 STREET ADDRESS	600 S. HOPKINS AVE.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	TITUSVILLE, FL 32782	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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. Timothy R. Dennard, Jr

SIGNATURE: Timothy R. Dennard Jr — 4/25/97 — 407 268-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #