

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG 13 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①



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

PROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P96000096502 (5)

1. Corporation Name

LAKE FOREST OF PORT CHARLOTTE, INC.

Principal Place of Business

3491 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

3491 TAMiami TRAIL
PORT CHARLOTTE FL 33952



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

11/22/1996

4. FEI Number

Applied For

Not Applicable

65-07172-36

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEDZIORA, JOHN
3491 TAMiami TRAIL
PORT CHARLOTTE FL 33952

81. Name

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

83.

84. City

FL

85. Zip Code

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

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 P
NAME KEDZIORA, JOHN
STREET ADDRESS 3491 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ST
NAME KEDZIORA, JADWOGA
STREET ADDRESS 3491 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
300002270319--4
-08/18/97--01138--003
****165.00 ****165.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Signature: [Signature]

7-24 -97 046 625-4177

CR2E034 (4/97)



Port Charlotte Motel

3491 Tamiami Trail
Port Charlotte, Florida 33952
(941) 625-4177 • 1-800-559-5961

(2)

July 24, 1997

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION

DEAR SIR/MADAM:

I JUST RECEIVED MY FIRST "1997 PROFIT CORPORATION
ANNUAL REPORT PACKET". ON THIS "PACKET" WAS WRITTEN,
"2ND NOTICE". I NEVER RECEIVED MY FIRST "PACKET".

ENCLOSED YOU WILL FIND MY CHECK FOR \$165⁰⁰.

—Thank You,

JOHN KEDZIORA

PRESIDENT

LAKE FOREST OF PORT CHARLOTTE, INC.