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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

S32694

(9)

LITTLE LAKE ELOISE DEVELOPMENT CORPORATION

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

Principal Place of Business Mailing Address										
Principal Place of Business 305 AVE K SE WINTER HAVEN FL 33880-4124 Mailing Address 305 AVE K SE WINTER HAVEN FL 33880-4124 WINTER HAVEN FL 33880-4124										
						3. Date Incorporated or Qualified 02/18/1991	3a. Date 0	3/10/	1995	
2. Principal Pla	ace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number 59-3072196			Applied For Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional		
City & State		City & State	-			Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees	
Ζφ !4	Country 25	Ζιρ 29	30			This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	9. Name and Address of Curren	t Registered Agent			г.,	10. Name and Address of New F	legistered A	gent		
TOUCL	UTON IOUN D			81	Name					
TOUCHTON, JOHN R. 305 AVE K SE			ļ	82	Street Ado	dress (P.O. Box Number is Not Acceptab	ole)			
MINIE	R HAVEN FL 33830			83						
			ļ	84	City			85 2	Zip Code	
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida S	statutes, the abo	Ve-r	named corpc	pration submits this statement for the pur	FL roose of chan	naina its	registered office	
or registere	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	da. Such change was aut	thorized by the c	corpo	oration's boa	ard of directors. I hereby accept the app	ointment as r	egistere	ad agent. I am	
CIONIATION	· -		10100							
	Signature, typed or printed name of registered agent	and the if application		Agen	r, signature requir	red when reinstating)	DATE			
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				
TITLE NAME	TOUCHTON, JOHN R.	☐ DELETE					ليا] Change	Addition	
STREET ADORESS	305 AVE K SE		12 NA		*000000					
CITY - ST - ZIP	WINTER HAVEN FL		1351 1401		ACORESS T. 7/0					
TILE	D	[DELETE			1-212			Change	e 🔲 Addition	
NAME	LINGENFELTER, ALAN L.	-	2 2 NA					Ond.ig.		
STREET ADDRESS	51 SKIDMORE RD				ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL		2 4 01							
117LF		☐ DELETE						Change	Addition	
NAME			3.2 NA	AME						
STREET ADDRESS		•	3 3 57	TREET	ADDRESS					
CHY-ST-ZIP			3.4 CIT	IY-\$	I-ZIP					
1 TLE		☐ DELETE	4, 1 %	TLE				Change	Addition	
NAME			4.2 NA	AME						
STREET ADDRESS			4.3 \$11	REFT	ADDRESS					
CITY - ST - ZIP	<u> </u>	E Decree	4.4 CIT		1 - 21P					
TITLE		DELETE	5 1 TI					Change	Addition	
NAME CIRCEL ADDRESS	İ		52 NA							
STREET ADORESS					SZEROCA					
CITY+S1+ZIP TITLE		☐ DELETE	54 CIT 6 1 TII		1-ZIP			Channa	Addition	
NAME		LI Decere	62 NA				L	Change	Addition	
STREET ADDRESS					ADDOCCC					
1					1					
14. I do hereby	v certify that the information supplied v	vith this filmo is voluntarily	/ furnished and d	does	s not qualify t	for the exemption stated in Section 119	07/3Vk) Florid	da Stati	the Liferther	
CITY-ST-ZIP 14. I do hereby certify that i	the Information indicated on this annu-	ial report or supplemental	6.4 Cm / furnished and of	TY-SI	s not qualify t	for the exemption stated in Section 119, ate and that my signature shall have the is report as required by Chapter 607, Fig.	cama local of	ffaat aa	if made under	

CEN OR DIRECTOR