

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S56647 (8)**

1. Corporation Name

**ARBOR LAKES INVESTMENTS, INC.**



Principal Place of Business

Mailing Address

**3942 E ARBOR LAKES DR  
HERNANDO FL 34442  
US**

**3942 E ARBOR LAKES DR  
HERNANDO FL 34442  
US**

3. Date Incorporated or Qualified

**06/03/1991**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 4215 N. LAKE VISTA TR.**

**26 4215 N. LAKE VISTA TR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 HERNANDO, FL.**

City & State

**28 HERNANDO, FL.**

Zip

Country

**24 34442**

**25 US**

Zip

Country

**29 34442**

**30 US.**

4. FEI Number

**59-3076057**

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

**LARSON, ROGER A.  
16120 U.S. HWY. 19 NORTH  
SUITE 210  
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

**81 Name MARVIN T. CHANCEY, JR.**

**82 Street Address (P.O. Box Number is Not Acceptable)  
4215 N. LAKE VISTA TR.**

**83**

**84 City**

**HERNANDO,**

**FL**

**85 Zip Code**

**34442**

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

*Marvin T. Chancey, Jr.*

**MARVIN T. CHANCEY, JR.**

**4-27-96**

DATE

12. OFFICERS AND DIRECTORS

**TITLE D** ☐ DELETE  
**NAME FLACHSMANN, HERMANN**  
**STREET ADDRESS 3942 E ARBOR LAKES DR**  
**CITY-ST-ZIP HERNANDO FL**

**TITLE D** ☐ DELETE  
**NAME CHANCEY, MARVIN T JR**  
**STREET ADDRESS 3942 E ARBOR LAKES DR**  
**CITY-ST-ZIP HERNANDO FL**

**TITLE O** ☐ DELETE  
**NAME ATTKISSON, JAMES R.**  
**STREET ADDRESS 9800 KOGER BLVD #105**  
**CITY-ST-ZIP ST PETERSBURG FL**

**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 4215 N. LAKE VISTA TR.**  
**1.4 CITY-ST-ZIP HERNANDO, FL. 34442**

**2.1 TITLE** ☒ Change: ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS 4215 N. LAKE VISTA TR.**  
**2.4 CITY-ST-ZIP HERNANDO, FL. 34442**

**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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Marvin T. Chancey, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARVIN T. CHANCEY, JR.**

**4-27-96**

DATE

Daytime Phone #

**(352) 726-1210**

CR2E034 (12/95)