FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:45

DOCUMENT # V09911 (1)

1. Corporation Name
LAKE JESSUP GROVES, INC.

Principal Place of Business	Mailing Address
312 WEST 1ST ST. SUITE 401 SANFORD FL 32771	312 WEST 1ST ST. SUITE 401 SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1992
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business	2a. Mailing Address
21 413 West First Street	26 413 West First Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sanford, Fl.	City & State 28 Sanford, Fl.
Zip / Country 24 32771 / 25 Seminole	Zip / Country 29 32771 / 30 Seminole

4. FEI Number: 59-3110551 ☐ 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

WALLACE, GEORGE B.
312 W. 1ST STREET, SUITE 401
SANFORD FL 32772-2269

10. Name and Address of New Registered Agent

81 Name: Wallace, George B.
82 Street Address (P.O. Box Number is Not Acceptable): 413 West First Street
03
84 City: Snaford FL 85 Zip Code: 32771

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 restated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WALLACE, GEORGE B.	1.2 NAME	Wallace, George B.	
STREET ADDRESS	312 W. 1ST ST, STE 401	1.3 STREET ADDRESS	413 West First Street	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	Sanford, Fl. 32771	
TITLE	V	2.1 TITLE	V T	☒ Change ☐ Addition
NAME	BALES, JEFFREY C.	2.2 NAME	Bales, Jeffrey C.	
STREET ADDRESS	3418 S. ORLANDO DR.	2.3 STREET ADDRESS	3418 S. Orlando Dr.	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Sanford, Fl. 32771	
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	LINGLE, G. KURT	3.2 NAME		
STREET ADDRESS	111 LOCK ARBOR CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	VP S	☒ Change ☐ Addition
NAME	TRAMMELL, JOE B.	4.2 NAME	Trammell, Joe B.	
STREET ADDRESS	720 N RIO GRANDE AVE	4.3 STREET ADDRESS	720 N. Rio Grande Ave.	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, Fl.	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ 1/20/95 (407) 323-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
George B. Wallace

0415500 FP