FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # (6)PLACID LAKES COUNTRY CLUB, INC. Principal Place of Business Mailing Address 3601 JEFFERSON AVENUE 3601 JEFFERSON AVENUE LAKE PLACID FL 33852 LAKE PLACID FL 33852 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3123978 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30, 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DUNFEE, DAVID J. 3601 JEFFERSON AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) LAKE PLACID FL 33852 83 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE NAME DUNFEE, DAVID J. 1.2 NAME STREET ADDRESS 3601 JEFFERSON AVE. 1.3 STREET ADDRESS LAKE PLACID FL CITY - ST - ZIP 1.4 CITY-ST-ZIP Change 2 TITLE ☐ DELETE 2.1 TITLE Addition DUNFEE, ARNOLD NAME 2.2 NAME 126 SHEPPARD RA, NW STREET ADDRESS 6550 US HWY 27 NO 2.3 STREET ADDRESS LAKE PLACID, FL 33852 CITY-ST-ZIP SEBRING FL 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE DUNFEE, ARNOLD NAME 3.2 NAME 126 SHEPPARD RD, NW STREET ADDRESS 6550 US HWY 27N 3.3 STREET ADDRESS LAKE PLACID, FL. SEBRING FL 33870 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 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 ☐ DELETE Change Addition TITLE 6.1 TITLE

14. Thereby certify that the information supplied with this filling 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. 941-465-4333

6.2 NAME

6.3 STREET ADDRESS

CR2E034

NATURE REQUIRED SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP