

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 # V33629 (9)

1. Corporation Name

ARBOR LAKES CONSTRUCTION CORPORATION



Principal Place of Business

4215 N. LAKE VISTA TR.
3942 E. ARBOR LAKES DR.
HERNANDO FL 34442
US

Mailing Address

4215 N. LAKE VISTA TR.
3942 E. ARBOR LAKES DR.
HERNANDO FL 34442
US

3. Date Incorporated or Qualified

05/05/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 SEE ABOVE

2a. Mailing Address

26 SEE ABOVE

4. FEI Number

59-3125709

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 US HWY 19 NORTH
STE - 210
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

B1 Name MARVIN T. CHANCEY, JR.
B2 Street Address (P.O. Box Number is Not Acceptable)
4215 N. LAKE VISTA TR.
B3
B4 City HERNANDO FL B5 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.

4-26-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D
NAME KING, JAMES M.
STREET ADDRESS 3942 E ARBOR LAKES DR
CITY-ST-ZIP HERNANDO FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME CHANCEY, MARVIN T. JR. ☒ Change ☐ Addition
1.3 STREET ADDRESS 4215 N. LAKE VISTA TRAIL
1.4 CITY-ST-ZIP HERNANDO, FL. 34442

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

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
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.

Date

4-26-96
(352) 726-1212
Daytime Phone #

CR2E034 (12/95)