## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **V33629**1. Corporation Name

3629

## ARBOR LAKES CONSTRUCTION CORPORATION

4215 N LAKE VISTA TR									
HERNANDO FL 34442									
HS									

Principal Place of Business

Mailing Address

4215 N LAKE VISTA TR HERNANDO FL 34442-5547

(9)

## FILED Feb 26 1997 8:00am Secretary of State



HERNANDO FL US	. 34442	HEHNANDO FL 34442-5547 US							
						3. Date Incorporated or Qualified 05/05/1992		te of Last R <b>)1/1996</b>	eport
2. Principal Pi	lace of Business	2a. Mailing Address			<del></del>	4. FEI Number		<del></del> -	oplied For
21		26				59-3125709			ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required				
Crty & State		City & State				6. Election Campaign Financing			May Be
23	Country	<b>28</b>	Cou	untry		Trust Fund Contribution	<u> </u>		to Fees
Zipi 24	25	29	30	ш пту		This corporation has tiability for Florida Statutes		tax under s No	199.032,
:41	9. Name and Address of Currer		30]	T		10. Name and Address of New Re			
CHANCEY, MARVIN T. JR					Name		•		
4215 N LAKE VISTA TR				_					
	- 210			82	Street Addr	ress (P.O. Box Number is Not Acceptal	) 0]   <b>5</b>   T	-21	10
	RNANDO FL 34442			83			· · · · · · ·		
				84	City			85 Zip	Code
						poration submits this statement for the tion's board of directors. I hereby acce	۲L		
SIGNATURE	Rigiratur - typest or printest carre of registered agr	unt and tills if apposable. (NC				red when reinstating)	DATE		
12.	<u></u>	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
THE	D	☐ DELETE	111		1			Change	Addition
NAME	CHANCEY, MARVIN T. JR.		1	IAME					
STREET ADDRESS	4215 N LAKE VISTA TRAIL				F ADDRESS				
CITY-S1-ZiP	Hernando Fl D	DELETE			ST-ZIP			Change	Addition
TITLE NAME	KING, JAMES M.	ר" מנדנונ	2.1 T 2.2 N					L. Change	LJ KOUIIO
STREET ADDRESS	4215 N LAKE VISTA TR				r address	241			
CHY ST-ZP	HERNANDO FL				SI-ZIP	·			
1:ILF		DELETE	3.1 7		31			Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$	TREET	T ADDRESS				
C(1Y - S1 - Z)P			3.4. (	CITY -:	ST-ZIP				
TITLE		DELETE	4.1 T	ITLE				Change	Addition Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3 \$	TREET	T ADDRESS				
CHY-ST-ZIP		DELETE	4.4 C 5.1 T		ST-ZIP			Change	Addition
TITLE NAME		L_I vitch	5.7 I					m nimila	☐ Mondal
STREET ADDRESS			1		I ADDRESS				
D-TY - ST - ZIP					ST-ZIP				
TITLE		DELETE		ITLE	11 · 6/1.			Change	Addition
NAME		<del></del>		IAME				•	• •
STREET ADDRESS					1 ADDRESS				
CHY-SI-ZIP			6.4 (	IFY-5	ST-ZIP				
	L		P. C. Alexander			4 1 - O - 12 - 440 0740U1 Ft - 13 - O - 4 4	and the same		

4. I do hereby 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 artifusion empowered to execute this report ascreding by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 Chapter, or on a ratifactories with an editores.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97 72

726-1216