

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:12

DOCUMENT # V67434

(3)

1. Corporation Name

LAKE ELOISE, INC.

Principal Place of Business

P O BOX 1399
WINTER HAVEN FL 33882-1399
US

Mailing Address

P O BOX 1399
WINTER HAVEN FL 33882-1399
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/24/1992

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3145789

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNIVELY PATE
2970 CHICKASAW DR
HAINES CITY FL 33844

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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	PD
NAME	SNIVELY PATE
STREET ADDRESS	2970 CHICKASAW DR
CITY - ST - ZIP	HAINES CITY FL
TITLE	VD
NAME	SNIVELY, CHARLES SCOTT
STREET ADDRESS	14725 CAMP MACK RD
CITY - ST - ZIP	LAKE WALES FL
TITLE	VSD
NAME	PETERS, CARL J.
STREET ADDRESS	12018 HILLSIDE CT
CITY - ST - ZIP	DADE CITY FL
TITLE	S
NAME	SNIVELY, VIRGINIA S.
STREET ADDRESS	2970 CHICKASAW DR
CITY - ST - ZIP	HAINES CITY FL
TITLE	VD
NAME	SNIVELY, WILLIAM H
STREET ADDRESS	3111 MAR LISA COVE RD
CITY - ST - ZIP	LAKE WALES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	REMOVE
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☒ Change ☐ Addition
42 NAME	D
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☒ Change ☐ Addition
52 NAME	STD
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 submitted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-95