

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 11 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 126906 (7)

1. Corporation Name  
LAKE BUTLER GROVES, INC.

Principal Place of Business 13100 W COLONIAL DR P O BOX 770338 WINTER GARDEN FL-34777-7338- US	Mailing Address 13100 W COLONIAL DR P O BOX 770338 WINTER GARDEN FL-34777-7338 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/07/1932	3a. Date of Last Report 04/13/1994
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2. Principal Place of Business 21	2a. Mailing Address 26		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State	28 City & State		
24 Zip 34777-0338	25 Country	29 Zip 34777-0338	30 Country

4. FEI Number 59-0623383	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCPHERSON, REX V  
2029 COMPANERO AVE.  
ORLANDO FL 32804

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 registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIFFLE, THOMAS R.	1.2 NAME	
STREET ADDRESS	4826 HURDLE CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, JOHN R	2.2 NAME	
STREET ADDRESS	1110 W IVANHOE BLVD #15	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODEN, LAURA D	3.2 NAME	
STREET ADDRESS	3372 S W VILLA PL	3.3 STREET ADDRESS	2696 SW GREENWICH WAY
CITY - ST - ZIP	PALM CITY FL	3.4 CITY - ST - ZIP	PALM CITY FL
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, REX V	4.2 NAME	
STREET ADDRESS	2029 COMPANERO AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, KEENE M.	5.2 NAME	
STREET ADDRESS	1453 KING COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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:

*Thomas R. Riffle*  
Thomas R. Riffle, Treasurer

4-7-95

Date

407/656-2291

Telephone #