


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732741 (4)

1. Corporation Name
SUMTER COUNTY DEVELOPMENT COUNCIL, INC.



Principal Place of Business 107 BUSHNELL PLAZA SUITE 100 BUSHNELL FL 33513	Mailing Address 107 BUSHNELL PLAZA SUITE 100 BUSHNELL FL 33513
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3. Date Incorporated or Qualified 05/13/1975	
4. FEI Number 59-2870873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

LEWIS, CHARLES D.
8208 CR 109D-1
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/22/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STRICKLAND, JOE JR.	1.1 TITLE	PD McCormic, Daniel C.
NAME	314 N YORK ST	1.2 NAME	P.O. Box 1000 N/A
STREET ADDRESS	BUSHNELL FL	1.3 STREET ADDRESS	Wildwood, FL 34785
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD THIGPEN, JAMES	2.1 TITLE	VD Alex Ogilvie, III
NAME	519 W. NOBLE AVE.	2.2 NAME	406 S. Main Street
STREET ADDRESS	BUSHNELL FL	2.3 STREET ADDRESS	Wildwood, FL 34785
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD TAYLOR, NANCY	3.1 TITLE	
NAME	4882 CR 118	3.2 NAME	
STREET ADDRESS	WILDWOOD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD BROWN, KEN	4.1 TITLE	TD Tim Pierson
NAME	7275 CR 219	4.2 NAME	P.O. Box 1687 N/A
STREET ADDRESS	WILDWOOD FL	4.3 STREET ADDRESS	Bushnell, FL 33513
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DUNCAN, JIM	5.1 TITLE	D Jack Hatcher
NAME	PO BOX 301 N/A	5.2 NAME	8632 CR 221
STREET ADDRESS	SUMTERVILLE FL	5.3 STREET ADDRESS	Wildwood, FL 34785
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D OGILVIE, ALEX III	6.1 TITLE	D Joe Strickland, Jr.
NAME	406 S. MAIN ST.	6.2 NAME	410-A E. Belt Avenue
STREET ADDRESS	WILDWOOD FL	6.3 STREET ADDRESS	Bushnell, FL 33513
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/22/98** 352/748-3600

CR2E037 (10/97)