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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000005809 (9)

1. Corporation Name

MID-FLORIDA BRITTANY CLUB, INC.



Principal Place of Business

Mailing Address

6745 17TH ST S  
ST PETERSBURG FL 33712  
US

6745 17TH ST S  
ST PETERSBURG FL 33712-5905  
US

3. Date Incorporated or Qualified  
12/21/1993

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 5010  
Suite, Apt. #, etc.

26 P.O. Box 5010  
Suite, Apt. #, etc.

4. FEI Number  
59-3230973

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Spring Hill

28 Spring Hill

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 34611

25 Country US

29 Zip 34611

30 Country US

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

PITTMAN, JAMES W JR  
6745 17TH ST S  
ST PETERSBURG FL 33712

81 Name Alfred D. Makuc

82 Street Address (P.O. Box Number is Not Acceptable)  
13375 Cortez Blvd.

83

84 City Brooksville FL 85 Zip Code 34613

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Alfred D. Makuc* Alfred D. Makuc, Secy.

4/28/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME DANGERFIELD, PHILIP  
STREET ADDRESS 6210 DEW POINT LANE  
CITY-ST-ZIP TAMPA FL 33625

1.1 TITLE P  Change  Addition  
1.2 NAME Albert Allen  
1.3 STREET ADDRESS 13326 Star Rd.  
1.4 CITY-ST-ZIP Brooksville, Fl. 34613

TITLE V  DELETE  
NAME ALLEN, ALBERT  
STREET ADDRESS 13326 STAR RD  
CITY-ST-ZIP BROOKVILLE FL

2.1 TITLE V  Change  Addition  
2.2 NAME Michael Eagan  
2.3 STREET ADDRESS 2925 Redwood Ave.  
2.4 CITY-ST-ZIP Lakeland, Fl. 33803

TITLE S  DELETE  
NAME PITTMAN, JAMES W  
STREET ADDRESS 6745 17TH ST. S  
CITY-ST-ZIP ST.PETERSBURG FL 33712

3.1 TITLE S  Change  Addition  
3.2 NAME Alfred Makuc  
3.3 STREET ADDRESS 13375 Cortez Blvd.  
3.4 CITY-ST-ZIP Brooksville, Fl. 34613

TITLE D  DELETE  
NAME SCHULTHEIS, CAHRLES  
STREET ADDRESS 14505 SPELLMAN CT  
CITY-ST-ZIP SPRING HILL FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME MURRAY, MARGOT  
STREET ADDRESS 3227 RIVER RD  
CITY-ST-ZIP GREEN COVE SPRINGS FL

5.1 TITLE D  Change  Addition  
5.2 NAME Michael Wagoner  
5.3 STREET ADDRESS 10396 Timbercrest Rd.  
5.4 CITY-ST-ZIP Spring Hill, Fl. 34608

TITLE D  DELETE  
NAME MURRAY, JOHN  
STREET ADDRESS 3227 RIVER RD  
CITY-ST-ZIP GREEN COVE SPRINGS FL

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 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: *Alfred D. Makuc* SIGNATURE RECORDED MAKUC 4/28/97 352-596-5607  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0050939

CR2E037 (9/96)