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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90055 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005809

1. Corporation Name

MID-FLORIDA BRITTANY CLUB, INC.

Principal Place of Business

10396 TIMBERCREST ROAD
 SPRING HILL FL 34608
 US

Mailing Address

10396 TIMBERCREST ROAD
 SPRING HILL FL 34608
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/21/1993	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	NOT APPLICABLE	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WAGONER, MIKE
 10396 TIMBERCREST ROAD
 SPRING HILL FL 34608

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 617.1508, 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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ALBERT	1.2 NAME	
STREET ADDRESS	13326 STAR RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTHERS, CHARLES	2.2 NAME	
STREET ADDRESS	14505 SPELLMAN COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34610	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGONER, MIKE	3.2 NAME	
STREET ADDRESS	10396 TIMBERCREST ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, PAM	4.2 NAME	
STREET ADDRESS	1543 S. FREDRICA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33205	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANGERFIELD, PHILLIP	5.2 NAME	
STREET ADDRESS	16210 DEW DROP LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, SHERRY	6.2 NAME	
STREET ADDRESS	P.O. BOX 554 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTHIA FL 33547	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *M. Wagoner* **SIGNATURE REQUIRED** *Wagoner* 2-1-99 352-683-9486

CR2E037 (1/98)