FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N95000004085 (5)

1. Corporation Name
NATURE COAST R/CERS, INC.

Principal Place of Business	Mailing Address
20800 RIVER DRIVE A-35 DUNNELLON FL 34431	20800 RIVER DRIVE A-35 DUNNELLON FL 34431

3. Date Incorporated or Qualified: 08/23/1995
3a. Date of Last Report: 8-23-1996

2. Principal Place of Business	2a. Mailing Address
21 20800 RIVER DR.	26 20800 RIVER DR.
Suite, Apt. #, etc. 22 A-35	Suite, Apt. #, etc. 27 A-35
City & State 23 DUNNELLON FL.	City & State 28 DUNNELLON FL.
Zip 24 34431 Country 25	Zip 29 34431 Country 30

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORRO, JOHN
20800 RIVER DRIVE A-35
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

81 Name: NO CHANGE
82 Street Address (P.O. Box Number is Not Acceptable)
83 900001737589 -03/08/96--01100--009
84 City: ***61.25 FL 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: John Morro — JOHN MORRO (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) — 2-7-96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, RICHARD 9224 W HARBOR ISLE CT CRYSTAL RIVER FL 34428	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOULD, RANDOLPH A 6655 W RIVERBEND RD DUNNELLON FL 34433	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRO, JOHN 20800 RIVER DRIVE A-35 DUNNELLON FL 34431	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOFFATT, GEORGE 8471 W KIMBERLY CT HOMOSASSA FL 34448	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, KEN 4107 WITHLACOOCHEE TR DUNNELLON FL 34434	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

JV 3/7

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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 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: John Morro — 2-7-96 — 489-0865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN MORRO