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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34431-6788

3. Date Incorporated or Qualified 08/23/1995	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business	2a. Mailing Address
21 FLORIDA BARGE CANAL LOCKS	26 4107 E. WITHLACOOCHEE TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Co Rd 40	27
City & State	City & State
23 INGLIS FLORIDA	28 DUNNELLON, FL
Zip	Zip
Country	Country
24 USA	29 34434
	30 USA

4. FEI Number NOT APPLICABLE	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 BROWN, KENNETH M	
82 Street Address (P.O. Box Number is Not Acceptable) 4107 E. WITHLACOOCHEE TRAIL	
83	
84 City DUNNELLON	85 Zip Code FL 34434

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 *Kenneth M. Brown* **KENNETH M. BROWN** **MAR 9, 1997**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D
STREET ADDRESS	WEAVER, RICHARD
CITY-ST-ZIP	9224 W HARBOR ISLE CT
	CRYSTAL RIVER FL 34428
TITLE	☐ DELETE
NAME	D
STREET ADDRESS	GOULD, RANDOLPH A
CITY-ST-ZIP	6855 W RIVERBEND RD
	DUNNELLON FL 34433
TITLE	☐ DELETE
NAME	D
STREET ADDRESS	MORRO, JOHN
CITY-ST-ZIP	20800 RIVER DRIVE A-35
	DUNNELLON FL 34431
TITLE	☒ DELETE
NAME	D
STREET ADDRESS	MOFFATT, GEORGE
CITY-ST-ZIP	8471 W KIMBERLY CT
	HOMOSASSA FL 34448
TITLE	☐ DELETE
NAME	D
STREET ADDRESS	BROWN, KEN
CITY-ST-ZIP	4107 WITHLACOOCHEE TR
	DUNNELLON FL 34434
TITLE	☐ DELETE
NAME	D
STREET ADDRESS	BURNETT, DAVID
CITY-ST-ZIP	P.O. Box 1252
	INGLIS, FL 34449

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	D
1.3 STREET ADDRESS	DAVIS, PARKER
1.4 CITY-ST-ZIP	175 HOWTHOON DR
	INGLIS, FL 34449
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	D
2.3 STREET ADDRESS	BURNETT, DAVID
2.4 CITY-ST-ZIP	4715 RIVERSIDE DRIVE
	INGLIS, FL 34449
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

Kenneth M. Brown 127-4891

CR2E037 (9/96)