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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004085**

1. Corporation Name

NATURE COAST R/CERS, INC.

Principal Place of Business	Mailing Address
FLORIDA BARGE CANALLOCKS CR 40 INGLIS FL 34431 US	4107 E WITHLACOOCHEE TRL DUNNELLON FL 34434 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/23/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWN, KENNETH M
4107 E WITHLACOOCHEE TR
DUNNELLON FL 34434

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	WEAVER, RICHARD		1.2 NAME	VAN DORN, DENNIS	
STREET ADDRESS	9224 W HARBOR ISLE CT		1.3 STREET ADDRESS	148 NEELD ST.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		1.4 CITY-ST-ZIP	INGLIS, FL 34449	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BACKHAUS, FRED		2.2 NAME	LINNE, TED	
STREET ADDRESS	4458 N BAYWOOD DR		2.3 STREET ADDRESS	5931 N. BROOKGREEN DR.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465		2.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRO, JOHN		3.2 NAME		
STREET ADDRESS	20800 RIVER DRIVE A-35		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL 34431		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAZULEWICH, ANTHONY		4.2 NAME		
STREET ADDRESS	2333 S FERNDELL PT		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, KEN		5.2 NAME		
STREET ADDRESS	4107 WITHLACOOCHEE TR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL 34434		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BURNETT, DAVID		6.2 NAME		
STREET ADDRESS	4715 RIVERSIDE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	INGLIS FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Kenneth M. Brown SIGNATURE REQUIRED Jan 6, 1999 (352) 637-4891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #