


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90014 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000004936 ✓ 1. Corporation Name HENDRY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.		
Principal Place of Business HENDRY COUNTY COURTS BUILDING ANNEX 50 SOUTH BRIDGE STREET LABELLE FL 33935		Mailing Address P.O. BOX 1760 LABELLE FL 33975



2. Principal Place of Business 21 250 LEE STREET	2a. Mailing Address 26 P.O. Box 2518	3. Date Incorporated or Qualified 08/29/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0783834
City & State 23 Labelle FL	City & State 28 Labelle FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33935	Zip 29 33975	30
Country 25	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent KERN, CARL E III HENDRY COUNTY COURTS BUILDING ANNEX 50 SOUTH BRIDGE STREET LABELLE FL 33935	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, MIKE	1.2 NAME	
STREET ADDRESS	155 N. BRIDGE ST - HENDRY CO BANK	1.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINSON, MIKE	2.2 NAME	
STREET ADDRESS	US HWY 27 S. - GLADES ELEC CO-OP	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, CRAIG	3.2 NAME	
STREET ADDRESS	640 S. MAIN ST. - ALICO	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINBOTHAM, ANDY	4.2 NAME	
STREET ADDRESS	150 S. MAIN ST - HIGGINBOTHAM & CO	4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, DAN	5.2 NAME	
STREET ADDRESS	811 W. ROYAL PALM AVE. - GLADES GAS CO	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **L. CRANE SIMMONS** **SIGNATURE REQUIRED** **7/15/99** **(941)675-2966**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)