

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90146 024 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000092500**

1. Corporation Name  
**SWEETWATER EAST INVESTMENT CO.**

Principal Place of Business  
**684 DYSON ROAD  
 HAINES CITY FL 33844**

Mailing Address  
**684 DYSON ROAD  
 HAINES CITY FL 33844**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/28/1997**

4. FEI Number  
**59-3471924**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

**KING, LAWRENCE B  
 684 DYSON ROAD  
 HAINES CITY FL 33844**

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 607.0502 and 607.1508, 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 607.0505, 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	DPT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR/PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LAWRENCE B	1.2 NAME	HUMMER, CHARLES W.
STREET ADDRESS	483 SWEETWATER WAY	1.3 STREET ADDRESS	649 SWEETWATER WAY
CITY-ST-ZIP	HAINES CITY FL 33844	1.4 CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR/SECRETARY-TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARD, RONALD	2.2 NAME	MATT, VICTORIA P.
STREET ADDRESS	553 CLUBHILL DRIVE	2.3 STREET ADDRESS	443 SWEETWATER WAY
CITY-ST-ZIP	HAINES CITY FL 33844	2.4 CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	DVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITTMER, NORMAN	3.2 NAME	MOORE, CARLETON
STREET ADDRESS	440 SWEETWATER WAY	3.3 STREET ADDRESS	425 HARBOURVIEW DR
CITY-ST-ZIP	HAINES CITY FL 33844	3.4 CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, HELMUT	4.2 NAME	
STREET ADDRESS	423 HARBOURVIEW DRIE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	4.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEBBE, ROBERT	5.2 NAME	
STREET ADDRESS	630 WATERCREST DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	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 607, 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: *Victoria P. Matt* Victoria P. Matt, Sec/Treas. 2/10/99 941-421-0940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)