

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90089 041 ***150.00

DOCUMENT # P98000102861

1. Entity Name

SWEETWATER TITLE CO., INC.



Principal Place of Business

8110 S. SUNCOAST BLVD.
HOMOSASSA FL 34446

Mailing Address

8110 S. SUNCOAST BLVD.
HOMOSASSA FL 34446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZARRO, TRACY L
8110 S. SUNCOAST BLVD.
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent

Name: TRACY L. GOUGH
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tracy L. Gough

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-22-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PONTICOS, STEVE
STREET ADDRESS 7 BYRONSONIMA CT. W.
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE VP ☐ Delete
NAME TATE, LARRY
STREET ADDRESS 11 BYRSONIMA CT W
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE S ☐ Delete
NAME BRUNSINK, WAYNE
STREET ADDRESS 14 CHINKAPIN CR
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE T ☐ Delete
NAME CHRISTENSEN, ROBERT R
STREET ADDRESS 4 SHORT LEAF CT. W.
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE D ☐ Delete
NAME JACOBY, JAMES J
STREET ADDRESS 41 OAK VILLAGE BLVD
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE D ☐ Delete
NAME ZARRO, TRACY L
STREET ADDRESS 5922 W. WOODSIDE DR.
CITY-ST-ZIP CRYSTAL RIVER FL 34429

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 4 QUAIL RUN
STREET ADDRESS HOMOSASSA, FL 34446
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME TRACY L. GOUGH
STREET ADDRESS 1554 S. E. PINWHEEL DR.
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tracy L. Gough TRACY L. GOUGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Date

352-382-3339

Daytime Phone #

CITRUS COUNTY, FLORIDA
BETTY STRIFLER, CLERK

2003 DEC 29 AM 8:39

MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK RIBBON
This license not valid unless seal of Clerk,
Circuit or County Court appears thereon.

Attachment
24004110

(STATE FILE NUMBER)

#P98000102861

2003-0737

(APPLICATION NUMBER)

CERTIFIED TO BE A TRUE COPY
BETTY STRIFLER,
CLERK OF THE CIRCUIT COURT
BY: *[Signature]* D.C.
THIS 27 DAY OF DECEMBER 2003 A.D.

APPLICATION TO MARRY

| | | | | | |
|--|----------------------|---|---|---|--|
| 1. GROOM'S NAME (First, Middle, Last) FRANCIS CARROLL GOUGH | | | 2. DATE OF BIRTH (Month, Day, Year) 02/22/1959 | | |
| 3a. RESIDENCE - CITY, TOWN, OR LOCATION CRYSTAL RIVER | 3b. COUNTY CITRUS | 3c. STATE FL 34429 | 4. BIRTHPLACE (State or Foreign Country) PA | | |
| 5a. BRIDE'S NAME (First, Middle, Last) TRACY LYNNE ZARRO | | 5b. MAIDEN SURNAME (if different) ZOELLNER | | 6. DATE OF BIRTH (Month, Day, Year) 03/25/1961 | |
| 7a. RESIDENCE - CITY, TOWN, OR LOCATION CRYSTAL RIVER | 7b. COUNTY CITRUS | 7c. STATE FL 34429 | 8. BIRTHPLACE (State or Foreign Country) MO | | |

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

| | |
|---|--|
| 9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i> | 10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/18/2003 |
| 11. TITLE OF OFFICIAL BETTY STRIFLER, CLERK OF COURT | 12. SIGNATURE OF OFFICIAL (Use black ink) BY: <i>[Signature]</i> D.C. |
| 13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i> | 14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/18/2003 |
| 15. TITLE OF OFFICIAL BETTY STRIFLER, CLERK OF COURT | 16. SIGNATURE OF OFFICIAL (Use black ink) BY: <i>[Signature]</i> D.C. |

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS.
THIS LICENSE MUST BE ISSUED ON OR BEFORE THE BELOW EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

| | | | |
|--|---------------------------------------|---|------------------------------------|
| 17. COUNTY ISSUING LICENSE CITRUS | 18. DATE LICENSE ISSUED 12/18/2003 | 18a. DATE LICENSE EFFECTIVE 12/21/2003 | 19. EXPIRATION DATE 02/19/2004 |
| 20a. SIGNATURE OF COURT CLERK OR JUDGE BY: <i>[Signature]</i> | | 20b. TITLE CLERK OF COURTS | 20c. BY D.C. <i>[Signature]</i> |

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

| | |
|--|---|
| 21. DATE OF MARRIAGE (Month, Day, Year) Dec 27, 2003 | 22. CITY, TOWN, OR LOCATION OF MARRIAGE Vero Beach FL |
| 23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i> | 23b. ADDRESS (Of person performing ceremony) 3414 AIA Hutchinsonson Isl. |
| 23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Kimberly S Conley | 24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i> |



Kimberly S Conley
My Commission DD108589

07-06

INFORMATION FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

| | | | | | | |
|-------|---|---|--|--|--|--|
| GROOM | 26. SOCIAL SECURITY NUMBER 172-52-4061 | 27. RACE WHITE | 28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | 29a. NO. OF THIS MARRIAGE 2 | 29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE | 29c. DATE LAST MARRIAGE ENDED (Mo, Day, Year) 08/20/1991 |
| | BRIDE | 30. SOCIAL SECURITY NUMBER 488-74-3328 | 31. RACE WHITE | 32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | 33a. NO. OF THIS MARRIAGE 3 | 33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE |