

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V72049 (2)
 1. Corporation Name
THE COUNTRY CLUB OF OCALA, INC.

Principal Place of Business 6823 SE 12TH CIR OCALA FL 33480 US	Mailing Address PO BOX 4016 OCALA FL 34470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	6823 SE. 12th Circle	10/19/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3154112	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23. Zip		28. Ocala, FL		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. 34480		30. MARION	
25. Country		29. 34480		30. MARION	

9. Name and Address of Current Registered Agent

PEEK, ALBERT B
 1111 N.E. 25TH AVE.
 SUITE 503
 OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name: ROBERT D. WILSON
 82 Street Address (P.O. Box Number is Not Acceptable): 954 EAST SILVER SPRINGS BLVD.
 83
 84 City: OCALA FL 85 Zip Code: 34470

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, DUKE	1.2 NAME	
STREET ADDRESS	1502 SW 42ND STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLLETT, FREDRIC C	2.2 NAME	S WOLLETT, FREDERIC C
STREET ADDRESS	5105 SE 14TH PL.	2.3 STREET ADDRESS	6950 S.E. 12th Terr.
CITY - ST - ZIP	OCALA FL 34471	2.4 CITY - ST - ZIP	OCALA, FL 34480
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANK, MARK	3.2 NAME	T MCDONIELS, MICHAEL
STREET ADDRESS	219 SE 45 TERR.	3.3 STREET ADDRESS	2236 LAUREL RUN DR. SE
CITY - ST - ZIP	OCALA FL 34471	3.4 CITY - ST - ZIP	OCALA, FL. 34471
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDANIELS, MICHAEL	4.2 NAME	V BUCH, STEVE
STREET ADDRESS	1517 SE 24TH TERRACE	4.3 STREET ADDRESS	2210 SE LAUREL RUN DR
CITY - ST - ZIP	OCALA FL	4.4 CITY - ST - ZIP	OCALA, FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	V STEIN, RICHARD
STREET ADDRESS		5.3 STREET ADDRESS	19323 Park Place Blvd
CITY - ST - ZIP		5.4 CITY - ST - ZIP	EUSTIS, FL 32726
TITLE		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 appointment with an address.

SIGNATURE: *[Signature]* 4/17/98 237-6644

CP2E034 (10/97)