

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 230060 (6)

1. Corporation Name

WITHLACOOCHEE COVE CORPORATION



Principal Place of Business

40 S.E. 11TH AVENUE  
PO BOX 4653  
OCALA FL 34471-2300  
US

Mailing Address

40 S.E. 11TH AVENUE  
PO BOX 4653  
OCALA FL 34478-4653  
US

3. Date Incorporated or Qualified  
11/09/1959

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 3723 SE 17th ST

27 City & State

28 Ocala FL

29 34471 30 MARION

4. FEI Number

59-1118878

Applied For  
Not Applicable

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 has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EDWARDS, F R  
1105 FERRELL  
PLANT CITY FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME CRIPPEN, ELSIE V  
STREET ADDRESS 40 SE 11TH AVENUE  
CITY-ST-ZIP Ocala, FL 00000 34471-2300

TITLE DP ☐ DELETE

NAME EDWARDS, F R  
STREET ADDRESS 1105 FERRELL  
CITY-ST-ZIP PLANT CITY, FL 00000 33566

TITLE V ☐ DELETE

NAME EDWARDS, BOYCE E  
STREET ADDRESS 1105 N FERRELL  
CITY-ST-ZIP PLANT CITY, FL 00000 33566

TITLE VD ☐ DELETE

NAME CARROLL, IDA MAE  
STREET ADDRESS MOOREHAVEN COURT  
CITY-ST-ZIP CRYSTAL RIVER FL 34423

TITLE DST ☐ DELETE

NAME CARROLL, A T  
STREET ADDRESS MOOREHAVEN COURT  
CITY-ST-ZIP CRYSTAL RIVER FL 34423

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Elsie V. Crippen* V. Pres. 1/27/96 (904) 694-4442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)