FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
3723 SE 17TH STREET
OCALA FL 34471-4915
US

3. Date Incorporated or Qualified: **11/09/1959**
3a. Date of Last Report: **02/19/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

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

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 (Required only when appointing a new registered agent and/or if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☑ Change ☐ Addition
NAME	CRIPPEN, ELSIE V	1.2 NAME	
STREET ADDRESS	40 SE 11TH AVENUE	1.3 STREET ADDRESS	3723 SE 17th ST
CITY-ST-ZIP	OCALA, FL 00000 34471-2300	1.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, F R	2.2 NAME	
STREET ADDRESS	1105 FERRELL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000 33586	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, BOYCE E	3.2 NAME	
STREET ADDRESS	1105 N FERRELL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000 33586	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, IDA MAE	4.2 NAME	
STREET ADDRESS	MOOREHAVEN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423	4.4 CITY-ST-ZIP	
TITLE	DST ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, A T	5.2 NAME	
STREET ADDRESS	MOOREHAVEN COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: Elsie Crippen V.P. 3/17/97 694-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437731