


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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3723 SE 17th ST Suite, Apt. #, etc. 22 City & State 23 OCALA FL Zip 24 34471	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 11/09/1959	4. FEI Number 59-1118878 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, F R
1105 FERRELL
PLANT CITY FL**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIPPEN, ELSIE V	1.2 NAME	
STREET ADDRESS	3723 SE 17 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, F R	2.2 NAME	
STREET ADDRESS	1105 FERRELL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000 33566	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, BOYCE E	3.2 NAME	ESTATE OF BOYCE EDWARDS
STREET ADDRESS	1105 N FERRELL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000 33566	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<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.

CR2E034 (10/97)