

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90150 022 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 230060** *OK*

1. Corporation Name

Withlacoochee Cove Corporation



Principal Place of Business	Mailing Address
40 SE 11th Avenue P.O. Box 4653 Ocala, Florida 34471-2300 US	3723 SE 17th Street Ocala, FL 34471 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/09/1959

2. Principal Place of Business	2a. Mailing Address
21 <i>4522 NE 4th ST</i>	26 <i>4522 NE 4th ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

4. FEI Number  
59-1118878Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

City & State	City & State
23 <i>OCALA FL</i>	28 <i>OCALA FL</i>
Zip	Zip
24 <i>34470</i>	29 <i>34470</i>
Country	Country
25 <i>US</i>	30 <i>US</i>

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	83 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
84 City	FL

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<i>4522 NE 4th ST</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>OCALA FL 34470</i>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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, with all other like empowered.

SIGNATURE:

*Elsie Crippen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELsie CRIPPEN

Date

1/22/99

Daytime Phone #

694-4442

CR2E034 (11/98)