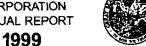
FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90150 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name	230060	OF
111111		

Withlacoochee Cove Corporation

40 SE 11th Avenue P.O. Box 4653

Principal Place of Business

1105 Ferrell Plant City, FL

3723 SE 17th Street Ocala, FL 34471

DO NOT WRITE IN THIS SPACE

33399³-90003-25

US US	05	ļ	3. Date Incorporated or Qualified 11/09/1959		
2. Principal Place of Business	2a. Mailing Address	4	4. FEI Number		Applied For
21 4522 NE 44 ST	26 4522 NE 44	" <i>ST</i>	59-1118878		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 7	5. Certificate of Status Desired	1 }	5 Additional Required
City & State	City & State		6. Election Campaign Financing	\$5.0	0 May Be
23 OCALA FL	28 CCALA FL		Trust Fund Contribution	Add	ed to Fees .
Zip Country	Zip Country	<u>'</u>	8. This corporation owes the current		
24 34470 25 US	29 34470 30 6	15	Personal Property Tax.	☑ Yes_	□No_
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
	81	Name		•	
Edwards, F.R.	-	0	(D.O. Day Markey is Not Assessable	lo\	

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		Alere b				DATE		
Signature, typed or printed name to registered agent and see it approximate the second								
12.	OFFICERS AND DIRECTORS		13.	ADDITION	SICHANGES	O OFFICERS AN		
MITE A		☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME Crip	pen, Elsie V		12 NAME	,, ,, ,, ,,	= 44	57)
STREET ADDRESS	3723 SE 17th St		1.3 STREET ADDRESS	4522 N OCALA	<i>-</i>	7.4.4		ì
CITY-ST-ZIP	Ocala, FL 00000	,	1.4 City-ST-ZIP	OCALA	FL.	<u> 34470</u>		
TITLE	•	DELETE	2.1 TITLE				Change	☐ Addition
NAME	DP Edwards F R		2.2 NAME				٠	
STREET ADDRESS	1105 Ferrell		23 STREET ADDRESS				-	-
CITY-ST-ZIP	Plant City, FI.		2.4 CITY-5T-ZIP					
TITLE	V	DELETE	3.1 TITLE				Change	☐ Addition
NAME	-Edwards,-Boyce-E-		32 NAME				حنتند ننيجيب	
STREET ADDRESS	1105 N Ferrell		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE	—Plant City FL 00000 33566-	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	VD		4.2 NAME					-
STREET ADDRESS	Carroll Ida Mae Moorehaven Court		4.3 STREET ADDRESS					1
CITY-ST-ZIP	Crystal River, FL 34423		4.4 CITY-ST-ZIP					
TITLE	DST	☐ DELETE	51 TTLE				☐ 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	100		ر نشد ت		
CITY-ST-ZIP			6.4 CITY-ST-ZiP			<u> </u>	> <u> </u>	<u></u>

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.

Zip Code