SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:10

DOCUMENT # **318371** **(2)**

1. Corporation Name
HOMOSASSA RETREATS INC

Principal Place of Business
HIGHWAY #19 SOUTH
P.O. BOX 87
HOMOSASSA SPRINGS FL 34432

Mailing Address
HIGHWAY #19 SOUTH
P.O. BOX 87
HOMOSASSA SPRINGS FL 34432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1967
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1172353 ☐ 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

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

9. **Name and Address of Current Registered Agent**

TROTTER, NORWOOD B.
#1440 SPRING COVE ROAD - P.O. BOX 87
HOMOSASSA SPRINGS FL 34432

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	BERRY,CECIL G.	1 NAME	
STREET ADDRESS	HIGHWAY 470, PO BOX 117	1 STREET ADDRESS	
CITY-ST-ZIP	SUMTERVILLE FL	1 CITY-ST-ZIP	
TITLE	V	2 TITLE	☐ Change ☐ Addition
NAME	TROTTER,MARY LEE	2 NAME	
STREET ADDRESS	SPRING COVE RD, #9211	2 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPRING FL	2 CITY-ST-ZIP	
TITLE	S	3 TITLE	☐ Change ☐ Addition
NAME	TROTTER,NORWOOD B.	3 NAME	
STREET ADDRESS	SPRING COVE RD, #9211	3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPRING FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

CR2E034 (3/95)

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(1)(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: MARY Lee TROTTER Mary Lee Trotter June 28, 95 628-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0166198 FP