

**BUSINESS REPORT (UBR)**

425950

INVESTMENT CORPORATION

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90070 037 \*\*\*150.00

Principal Place of Business P.O. BOX 3596 HOMOSASSA SPRINGS FL 34447 US	Mailing Address P.O. BOX 3596 HOMOSASSA SPRINGS FL 34447-3596 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1492253	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

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

WHIDBY, G A  
 209 OFFICE PLAZA  
 TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENNEDY, M G	
STREET ADDRESS	107 BYRSONIMA CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KENNEDY, FAY	
STREET ADDRESS	107 BYRSONIMA CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WHIDBY, G A	
STREET ADDRESS	5051 GRANDA DR F-3	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whidby, G. A.	
STREET ADDRESS	107 BYRSONIMA CIRCLE	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *G. A. Whidby, Sec. / Director* Date: *2/29/2000* Daytime Phone #: *352-352-5880*

CR2E034 (9/99)