## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90160 042 \*\*\*\*61.25

| DOCUMENT #  1. Corporation Name | 747093 |
|---------------------------------|--------|
|---------------------------------|--------|

| 1. Corporation   |                                     |  | OOM-A-COO(                               | CHIE, INC.  |                               |              |  |   |                                  |                                |                           |
|--|-------------------------------------|--|--|---|-------------------------------|--------------|--|---|----------------------------------|--------------------------------|---------------------------|
| Principal Place of Business Mailing Address                |                                     |  |  | ddress  |                               |              |  |   |                                  |                                |                           |
| ROUTE 301, SOUTH<br>P.O. BOX 758                           |                                     |  |  | ROUTE 301. SOUTH<br>P.O. BOX 758<br>BUSHNELL FL 33513 |                               |              |  |   |                                  |                                |                           |
| Principal Place of Business     2a. Mailing Address     26 |                                     |  |  |   |                               |              |  | 3. Date Incorporated or Qualifed 05/08/1979   |                                  |                                |                           |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27                 |                                     |  |  |   |                               |              |  | 4 FEI Number<br>59-1581268  |                                  |                                | plied For<br>t Applicable |
| City & State City & State 28                               |                                     |  |  | State   |                               |              |  | 5. Certificate of Status Desire   | S8 75 Additional                 |                                |                           |
| Zip  | Country Zip 25 29                   |  |  |   | Country 30                    |              |  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees |                                  |                                |                           |
|  | 9. Name and                         | Address of Cur   | rent Registered /                        | Agent   |                               | 31           |  | 10. Name and Address of No  | w Registered                     | Agent                          |                           |
|  |                                     |  |  |   |                               |              | Name                                     |   |                                  |                                |                           |
| Babbitt, Kenneth<br>Rt 1, Box 134                          |                                     |  |  | 8   | 12                            | Street Addre | ress (P.O. Box Number is Not Acceptable) |   |                                  |                                |                           |
| LAKE PANASOFFKEE FL 33538                                  |                                     |  |  | 8   | 13                            |              |  |   |                                  |                                |                           |
|  |                                     |  |  |   | 8                             | 14           | City                                     |   | •                                | 85 Zip (                       | Code                      |
|  |                                     |  |  |   |                               |              | •  | • •   | FL                               | .                              |                           |
| 11. Pursuant office or i                                   | to the provisions registered agent, | of Sections 617.0 or both, in the Standard accept the obline | 0502 and 617.150a<br>ate of Florida. Suc | B, Florida Statut<br>h change was a<br>p 617 0503 Flo | es, the about<br>outhorized b | ve-r<br>y th | named corpo<br>ne corporation            | ration submits this statement for<br>n's board of directors. I hereby a             | the purpose of<br>ccept the appo | changing its<br>intment as req | registered<br>gistered    |
| SIGNATURE  |                                     |  | agent and title if applicab              |   |                               |              | ignature required                        |   | DATE                             |                                |                           |
| 12.  | Oignature, typed or pri             |  | AND DIRECTORS                            |   | 13.                           | gan it s     | agriculturo requirate                    | ADDITIONS/CHANGES TO  |                                  | ID DIRECTO                     | RS IN 12                  |
| TITLE  | TD                                  |  |  | DELETE  | 1.1 TTLE                      | =            |  |   |                                  | Change                         | Addition                  |
| NAME   | LAMB, GENE                          |  |  |   | 1.2 NAME                      | E            |  | •   |                                  |                                |                           |
| STREET ADDRESS   | RT 1 BOX 40                         | L CR 654   |  |   | 1.3 STRE                      | ET AL        | DORESS                                   |   |                                  | •                              |                           |
| CITY-ST-ZIP  | BUSHNELL FI                         | L.   |  |   | 1.4 CITY-                     | -ST-Z        | ZIP                                      |   |                                  |                                |                           |
| TITLE  | TD                                  |  |  | □ DELETE  | 2.1 TITLE                     | •            |  |   |                                  | Change                         | ☐ Addition                |
| NAME   | Babbitt, Ken                        |  |  |   | 2.2 NAME                      | E            |  |   |                                  |                                |                           |
| STREET ADDRESS   |                                     |  | •  |   | 2.3 STRE                      | ET AC        | DDRESS                                   |   |                                  |                                |                           |
| CITY-ST-ZIP  | CENTER HILL                         | FL   |  |   | 2.4 CITY                      |              | ZIP                                      |   |                                  |                                |                           |
| TITLE  | D                                   |  |  | □ DELETE  | 3.1 TITLE                     |              |  |   |                                  | ☐ Change                       | ☐ Addition                |
| NAME   | PARKER, WAY                         |  |  |   | 3.2 NAME                      |              |  |   |                                  |                                |                           |
| STREET ADDRESS   | 1000 011 010                        |  |  |   | 3.3 STRE                      |              | ľ  |   |                                  |                                |                           |
| CITY-ST-ZIP  | BUSHNELL FL                         | -  |  | ☐ DELETE  | 3.4. CITY-<br>4.1 TITLE       |              | ZIP                                      |   |                                  | Change                         | Addition                  |
| NAME   | TD .                                | ENDA   |  | EJ DELETE   | 4.1 IIILE                     |              |  |   |                                  | [ ] Cliende                    | Addison                   |
| STREET ADDRESS   | Wallace, Gl<br>  Osceola St         |  |  |   | 4.3 STRE                      |              | nnoree                                   |   |                                  | •                              |                           |
| CITY-ST-ZIP  | CENTER HILL                         |  |  |   | 4.4 CITY-                     |              |  |   | •                                | * '                            |                           |
| TITLE  | S                                   | , 1 L 00000  |  | DELETE  | 5.1 TITLE                     |              | -11                                      |   |                                  | ☐ Change                       | ☐ Addition                |
| NAME   | LAMB, LINDA                         |  |  |   | 5.2 NAME                      | •            |  |   | . •                              | Ţ .                            |                           |
| STREET ADDRESS   | 1                                   | L CR 654   |  |   | 5.3 STRE                      | ET AL        | DORESS                                   |   |                                  |                                | Í                         |
| CITY+ST-ZIP  | <b>BUSHNELL FL</b>                  |  |  |   | 5.4 CFTY                      | ST-Z         | gp                                       |   | <u> </u>                         |                                | <u> </u>                  |
| TITLE  |                                     |  |  | ☐ DELETE  | 6.1 TITLE                     |              |  |   |                                  | Change                         | Addition                  |
| NAME   |                                     |  |  |   | 6.2 NAME                      | Ē            |  |   |                                  |                                |                           |
| STREET ADDRESS   | İ                                   |  |  |   | 6.3 STRE                      | ETAD         | DORESS                                   |   |                                  |                                | 1                         |
| CITY-ST-ZIP  |                                     |  |  |   | 6.4 CITY-                     |              | I  |   |                                  |                                |                           |
| 14. I hereby o   | certify that the info               | hailaans anitema   | with this filing dos                     | s not qualify for                                     | the evern                     | ation        | etated in Se                             | ction 119.07(3)(i), Florida Statute   | c I further cor                  | eife, shoet shoe in            | formation                 |

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 617, 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:** 

793-6753