

FILED

Jul 08 1998 8:00am
Secretary of State

3. Date Incorporated or Qualified 04/18/1980	
4. FEI Number 59-1998442	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be, Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Koon, Mike	
1.3 STREET ADDRESS	Rt 2	
1.4 CITY-ST-ZIP	MAYO, FL. 32066	
2.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Koon, Pat	
2.3 STREET ADDRESS	Rt 2 Box 65	
2.4 CITY-ST-ZIP	MAYO, FL. 32066	
3.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Strickland Margaret	
3.3 STREET ADDRESS	same ←	
3.4 CITY-ST-ZIP	MAYO, FL. 32066	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

MD \$6125

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: P. J. Van der Pijl

CP2E037 (10/97)