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May 13, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #768007

1. Corporation Name
Southern Comfort Tenants Assoc, Inc.

Principal Place of Business	Mailing Address
24479 U S 19 N Lot 615 Clearwater, Fla. 33763 U S	Same

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 24479 U S Hwy 19 N	26 Same as business	04/18/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 Lot 615	27	592400139
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Clearwater, Fla	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	Trust Fund Contribution
24 33763 25 Pinellas	29 30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
	PD Ralph Turnbull		PD Norman Masselli
STREET ADDRESS	24479 U S Hwy 19 N.	1.2 NAME	24479 U S Hwy 19 N. Lot 620
CITY-ST-ZIP	Clearwater Fla. 33763	1.3 STREET ADDRESS	Clearwater, Fla., 33763
		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	NAME
	VP Warren Redonnet		VP Mrs. Barbara Krause
STREET ADDRESS	24479 U S Hwy 19 N	2.2 NAME	24479 U S Hwy 19 N Lot 113
CITY-ST-ZIP	Clearwater, Fla 33763	2.3 STREET ADDRESS	Clearwater, Fla. 33763
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	NAME
			Sec*y Fred Cole
STREET ADDRESS		3.2 NAME	24479 U S Hwy 19 N lot # 103
CITY-ST-ZIP		3.3 STREET ADDRESS	Clearwater, Fla, 33763
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	NAME
			Treaw Clifton F. Hipple
STREET ADDRESS		4.2 NAME	24479 U S Hwy 19 N Lot #615
CITY-ST-ZIP		4.3 STREET ADDRESS	Clearwater, Fla/ 33763
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	NAME
	D Theo Mertz		
STREET ADDRESS	24479 U S Hwy 19 n	5.2 NAME	
CITY-ST-ZIP	Clearwater, Fla 33763	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	NAME
	D Gene Barley		
STREET ADDRESS	24470 U S Hwy 19 N	6.2 NAME	
CITY-ST-ZIP	Clearwater, Fla. 33763	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **Clifton F. Hipple** *Clifton F. Hipple* **4/4/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 727-726-0027 Phone #

CR2E037 (11/98)