

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90156 030 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F04743**

1. Corporation Name  
**WEEKI WACHEE REAL ESTATE, INC.**



Principal Place of Business  
~~8381~~ CORTEZ BLVD.  
 WEEKI WACHEE FL 34607  
 US

Mailing Address  
~~8381~~ CORTEZ BLVD  
~~SUITE C~~  
 WEEKI WACHEE FL 34607  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/07/1980**

4. FEI Number  
**59-2077623**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 8061 Cortez Blvd.**

2a. Mailing Address  
**26 8061 Cortez Blvd.**

22. City & State  
**23 Weeki Wachee, Fl.**

24. Zip **34607** 25. Country **25 Hernando**

27. Suite, Apt. #, etc.

28. City & State  
**28 Weeki Wachee, Fl.**

29. Zip **34607** 30. Country **30 Hernando**

9. Name and Address of Current Registered Agent  
**BOICE, LEONA**  
**12042 FIR CT.**  
**BROOKSVILLE FL 34613**

10. Name and Address of New Registered Agent

81 Name **Same**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>880</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Broker-D--O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BAGOSTA, ANTONIO</del>	1.2 NAME	Rosalie F.N. Haniph
STREET ADDRESS	<del>8381 CORTEZ BLVD.</del>	1.3 STREET ADDRESS	8061 Cortez Blvd.
CITY-ST-ZIP	<del>WEEKI WACHEE FL 34607</del>	1.4 CITY-ST-ZIP	Weeki Wachee, Fl. 34607
TITLE	DO <input type="checkbox"/> DELETE	2.1 TITLE	D-O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSON, WILLIAM	2.2 NAME	William Gilson
STREET ADDRESS	8381 CORTEZ BLVD	2.3 STREET ADDRESS	8061 Cortez Blvd.
CITY-ST-ZIP	WEEKI WACHEE FL	2.4 CITY-ST-ZIP	Weeki Wachee, Fl. 34607
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: *[Signature]* **SIGNATURE REQUIRED** 4-22-99 -352-596-9393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)