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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F27341

(9)

WITHLACOOCHEE BACKWATER BLUEGRASS, INC.

Principal Place of Business Mailing Address						- 3 (MANICAN SILA NIONI HANDA NINI ALBAN	YIDI BIDIN OLDIN BIDIN DIDIN OLDIN DIBIN NOD	l
HWY #40 WEST		HWY #40 WEST						
P.O. BOX 180		P.O. BOX 180				50 4107 141017	FF IN THE SPACE	
DUNNELLON FL \$2630		DUNNELLON FL 32630				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 03/30/1981	1	
2 Principal Pr	lace of Business	2a. Mailing Address				4. FEI Number	Applied Fo	····
21	ace of Business	26				59-2458107	Not Applic	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 Additions	_
22		27				5. Certificate of Status Desired	Fee Required	
City & State	9	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cour	itry		8. This corporation owes or has p		
24 344		29 34430	30			Personal Property Tax due Jur		
	9. Name and Address of Curren	t Registered Agent		<b>n</b>	<u> </u>	10. Name and Address of New R	legistered Agent	
	GLE, SUSAN			81 N	ame			
613 S.E. 13TH AVE. Ocala Fl 34471			82 Street Add		reet Addre	ss (P.O. Box Number is Not Accepte	able)	
00	ALA FL 344/1		}	83				-
			-	84 Ci	itu		85 Zip Code	
					-		FL	
11. Pursuant I	to the provisions of Sections 607.050	2 and 607 1508, Florida Statu	tes, the ab	ove-na	med corpo	pration submits this statement for the	purpose of changing its register	red
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Fl	lorida Stati	ites.	corporation	on a board of Gildelors. Thereby acc	opt the appointment as registers	-
SIGNATURE								_
<del></del>	Signature, typed or printed name of registered age	nt and title if applicable (NO	TE: Registered	Agent sig	gnature required	d when reinstating)	DATE	
12.		D DIDEATABO	40			ADDITIONO/OUANOCO TO OCC	TOFFIC AND DIDECTORS IN 10	
TITLE		D DIRECTORS	13.	E	1 77	ADDITIONS/CHANGES TO OFF		lition
THILE	PD	D DIRECTORS  DELETE	1.1 T(T)		7	ADDITIONS/CHANGES TO OFF	Change Add	lition
NAME	PD ERGLE, SUSAN		1.1 TITI 1.2 NAI	AE.	HESS /	ADDITIONS/CHANGES TO OFF		lition
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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 charged, or on an attachment with an address.

CR2E034 (10/97)

**FILED** 

Mar 20 1998 8:00am

Secretary of State