

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

FILED
Jul 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F89185** (5)
1. Corporation Name
WITHLACOOCHEE HAVEN, INC.



Principal Place of Business
**P.O. BOX 1776
GAINESVILLE FL 32602**

Mailing Address
**P.O. BOX 1776
GAINESVILLE FL 32602**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 26-2664716	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent

**HARDEE, CARY A.
901 W. BASE ST.
MADISON FL 32340**

10. Name and Address of New Registered Agent

81 Name
Cary A. Hardee, II
82 Street Address (P.O. Box Number is Not Acceptable)
215 SE Pinckney Street
83
84 City
Madison **FL** 85 Zip Code
32340

11. Pursuant to the provisions of Sections 607.0602 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SULLIVAN, JAMES T.	1.2 NAME	William Ward Hunter, Jr.
STREET ADDRESS	901 W. BASE ST.	1.3 STREET ADDRESS	Post Office Box 372
CITY-ST-ZIP	MADISON FL 32340	1.4 CITY-ST-ZIP	Jasper, Florida 32052 n/a
TITLE	ST	2.1 TITLE	ST
NAME	SULLIVAN, ELIZABETH B.	2.2 NAME	Sullivan, Elizabeth B.
STREET ADDRESS	901 W. BASE ST.	2.3 STREET ADDRESS	Post Office Box 726
CITY-ST-ZIP	MADISON FL	2.4 CITY-ST-ZIP	Madison, Florida 32341 n/a
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *[Signature]*

4/29/98

(850) 973-6221

CR2E034 (10/97)