

**CORPORATION
ANNUAL REPORT
1999**



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G 33823

1. Corporation Name
BENNET PROPERTY MANAGEMENT SERVICES, INC.

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90206 048 ***150.00

Principal Place of Business
**RT 2 BOX 541
P.O. BOX 140
MICANOPY, FL 32667**

Mailing Address
**P.O. BOX 3294
OCALA, FL 34478**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	04/18/1983	59-2277079	Not Applicable
Suite, Apt. # etc	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28			
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.		Yes No
24	29		US	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE UNDERWOOD RT. 2 BOX 541 MICANOPY, FL 32667	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

I, the undersigned, being a resident qualified person, do hereby certify that I am a duly authorized officer or director of the corporation, and 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			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P D	HC 32 BOX 8	CAIAIS, VT 05648
	S D	LUTHER, D. UNDERWOOD, III	RT 2 BOX 541 MICANOPY, FL 32667
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 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 on an attachment with an address, with - Luther like empowered

SIGNATURE: Luther D. Underwood, III **4/22/99** **352-591-5019**
LUTHER D. UNDERWOOD, III Secretary