

05061999-90293-009-\$900.00-\$150.00

FILE NOW. FILING FEE AFTER MAY 1ST IS \$300.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 009 ***900.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # H94998

1. Corporation Name

VENTURE ASSOCIATES CORPORATION

Principal Place of Business

2661 N.W. 60TH AVENUE
 Ocala FL 34482
 US

Mailing Address

2661 N.W. 60TH AVENUE
 Ocala FL 34482
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1986

4. FEI Number

59-2632697

Applied For

Not Applicable

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

~~SIMMONS, HART & SHEEHY~~ **ORAY**
 125 N.E. FIRST AVENUE, STE. 1
 Ocala FL 34471

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PEARSALL, RICHARD L.	
STREET ADDRESS	5000 N US HWY 27	
CITY-ST-ZIP	OCALA FL	
TITLE	STD	☒ DELETE
NAME	ECKMAN, HANFORD L.	
STREET ADDRESS	5000 N US HWY 27	
CITY-ST-ZIP	OCALA FL	
TITLE	VPO	☐ DELETE
NAME	ECKMAN, KENNETH A.	
STREET ADDRESS	5000 N US HWY 27	
CITY-ST-ZIP	OCALA FL	
TITLE	EVD	☐ DELETE
NAME	TAIT, ARTHUR F., JR.	
STREET ADDRESS	5000 N US HWY 27	
CITY-ST-ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD ST	☒ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99

352-732-5450

CR2E034 (11/98)