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Feb 02 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 # J88512 (5)
1. Corporation Name
BOCILLA CLUB DEV. CO.



Principal Place of Business
8119-52 MAIN ST
BOKEELIA FL 33922
US

Mailing Address
8199-52 MAIN ST
P.O. BOX 78
BOKEELIA FL 33922-0078
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 8133 MAIN ST. | | 26 3001 CROSS CREEK BLVD. | | 08/20/1987 | |
| 22 Suite, Apt. #, etc. | | 27 Apt. # 8 | | 4. FEI Number | |
| 23 Bokeelia, FL | | 28 Ft. Myers, FL | | 59-2837381 | |
| 24 33922 | | 25 US | | 5. Certificate of Status Desired | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |

9. Name and Address of Current Registered Agent

JOHNSON, GENE R
8119-52 MAIN ST.
BOKEELIA FL 33922

10. Name and Address of New Registered Agent

81 Name JOHNSON, GENE R.
82 Street Address (P.O. Box Number is Not Acceptable)
3001 CROSS CREEK BLVD.
83 Apt. # 8
84 City Ft. Myers FL 85 Zip Code 33912

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 Gene R. Johnson, Pres. Gene R. JOHNSON 1-26-98
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------|---|---------------------------|
| TITLE | DP | 1.1 TITLE | DP |
| NAME | JOHNSON, GENE R. | 1.2 NAME | JOHNSON, GENE R. |
| STREET ADDRESS | 8119-52 MAIN ST. | 1.3 STREET ADDRESS | 3001 CROSS CREEK BLVD. #8 |
| CITY-ST-ZIP | BOKEELIA FL | 1.4 CITY-ST-ZIP | Ft. Myers, FL 33912 |
| TITLE | DST | 2.1 TITLE | |
| NAME | FINCH, LLOYD | 2.2 NAME | |
| STREET ADDRESS | 717 JEFFRAS AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARION IN | 2.4 CITY-ST-ZIP | |
| 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: Gene R. Johnson, Pres. Gene R. JOHNSON 1-26-98 941-561-6285

CR2E034 (10/97)