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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K33136

(8)

CRICKET'S LAND INVESTMENT COMPANY

FILED May 07 1997 8:00am Secretary of State



| Principal Place   | e of Business                                 |   | Mai                    | Mailing Address  |   |             |  | T EMBRORY ON RUSA INDE UND HINDS ON OUR CHAIL OF THE STATE OF THE STAT |                                |                |               |
|---|---|---|------------------------|--|---|-------------|--|--|--------------------------------|----------------|---------------|
| % DONALD L. MCKAMEY<br>2120 SOUTHEAST 39TH STREET<br>OCALA FL 34480<br>US |   |   | % [<br>212             | % DONALD L. MCKAMEY<br>2120 SOUTHEAST 39TH STREET<br>OCALA FL 34480-7146 |   |             |  |  |                                |                |               |
|   |   |   | US                     | _  |   |             | 3. Date Incorporated or Qualified 09/15/1988                                       | 5/1988 06/19/1996  |                                |                |               |
| 2. Principal Place of Business  |   |   |                        | 2a. Mailing Address  |   |             |  | 4. FEI Number  |                                |                | opted For     |
| n   |   |   | 26                     |  |   |             |  | 59-2924390 Not Applicat  |                                |                |               |
| Suite, Apt. #, etc.   |   |   |                        | Suite, Apt #, etc.   |   |             |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |                |               |
| City & State  | 6   |   |                        | City & State   |   |             |  | 6. Election Campaign Financing   |                                |                | <del></del>   |
| 23  |   |   | 28                     |  |   |             | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |  |                                |                |               |
| Zip Country   |   |   | Zip Country            |  |   |             | 8. This corporation has liability for  |  | le tax under s                 | . 199.032,     |               |
| 24  | 25  |   | 29                     |  | 30  | ,           |  | Florida Statutes Z   |                                | □ No           |               |
| MOR   |   | nd Address of Curren                                | i Hegiste              | erea Agent   |   | 81          | Name   | 10. Name and Address of New Re   | gistered                       | Agent          |               |
|   | KAMEY, DON<br>O SOLITHEAS                     | ald L.<br>St 39th Street                            |                        |  |   |             |  |  |                                |                | ····          |
|   | U 3001HEAS                                    |   |                        |  |   | 82          | Street Add   | fress (P.O. Box Number is Not Acceptat   | ile)                           |                |               |
| <del></del>   |   | 7   |                        |  |   | 83          |  |  |                                |                |               |
|   |   |   |                        |  |   | 0.4         |  |  |                                |                | 0.1           |
|   |   |   |                        |  |   | 84          | City   |  | F                              | L  85   Zip    | Code          |
| 11. Pursuant  | to the provision                              | ns of Sections 607.050                              | 2 and 60               | 7.1508, Florida Sta  | tutes, the al                                   | oove<br>d b | -named cor   | poration submits this statement for the pation's board of directors. I hereby accept   | urpose                         | of changing it | ts registorer |
| agent. I a  | egistered ager<br>im familiar with            | it, or both, in the Stale,<br>and accept the obliga | or nonda<br>ations of, | Section 607.06 <mark>05,</mark>  | is aumonze<br>Florida Stat                      | ules        | ine corpore  | mion's poard of directors. I hereby accep  | v me at                        | ppointment as  | registered    |
| SIGNATURE   |   |   |                        |  |   |             |  |  |                                |                | == :==:       |
| 46  | Signature, typed or                           | printed name of registered ago                      |                        |  |   | d Ager      | nt signature requ  | rred when reinstating)   | DATE                           | ID DIDEOTOF    | 20 101 45     |
| 12.<br>TITLE  | P   | OFFICERS ANI  | JUNIC                  | DELETE   | 13.   |             |  | ADDITIONS/CHANGES TO OFFIC   | EHS AF                         | Change         | Addition      |
| NAME  | MCKAMEY.                                      | DONALD L.   |                        | _ arean  | 1.2 N   |             |  |  |                                | L Onango       | ridanio       |
| STREET ADDRESS  | 2120 SE 3                                     |   |                        |  | 1   |             | ADDRESS  |  |                                |                |               |
| CITY-ST-ZIP   | OCALA FL                                      |   |                        |  |   | 1Y-S1       |  |  |                                |                |               |
| TITLE   | ঙা  |   |                        | DELETE   | 2131  |             |  |  |                                | Change         | Additio       |
| NAME  | RENFROE,                                      |   |                        |  | 22 N  | AME         |  |  |                                |                |               |
| STREET ADDRESS  |   | 0 ST., LOT 7  |                        |  | 2351  | REET        | ADDRESS  |  |                                |                |               |
| CITY-ST-ZIP   | OCALA FL                                      |   |                        |  | 2 4 0   | 11Y - S     | T - ZIP  |  |                                |                |               |
| TITLE   |   |   |                        | ☐ DELETE   | 3111  | TLF         |  |  |                                | Change         | Additio       |
| NAME  | !   |   |                        |  | 3 2 N   |             |  |  |                                |                |               |
| STREET ADDRESS  | }   |   |                        |  |   |             | ADDRESS  |  |                                |                |               |
| CITY-ST-ZIP<br>TITLE  |   |   |                        | DELETE   | 3.4 C   | (1Y-\$      | I-ZIP  |  |                                | Change         | Additio       |
| NAME  |   |   |                        | L. DECTIL  | 4.2 N   |             |  |  |                                | □ Allanige     | FTT VOUITO    |
| STREET ADDRESS  |   |   |                        |  |   |             | ADDRESS  |  |                                |                |               |
| CITY-\$1-ZIP  |   |   |                        |  |   | TY-\$1      |  |  |                                |                |               |
| TITLE   |   |   |                        | DELETE   | 511   |             |  |  |                                | Change         | Additio       |
| NAME  |   |   |                        |  | 5.2 N   | 4Mi         |  |  |                                |                |               |
| STREET ADDRESS  |   |   |                        |  | 5.3 S   | REET.       | ADDRESS  |  |                                |                |               |
| CITY-ST-ZIP   |   |   |                        | ····   | 5.4 C   | 11Y - S1    | r-ZiP  |  |                                | ·              |               |
| TITLE   | 1   |   |                        | DELETE   | 6.1 10  | 116         | Ī  |  |                                | ☐ Change       | Additio       |
| NAME  |   |   |                        |  | 6.2 N   |             |  |  |                                |                |               |
| STREET ADDRESS  |   |   |                        |  | . I   |             | ADDRESS  |  |                                |                |               |
| CITY-ST-ZIP   | hu nodit dest                                 | ha information and to                               | el hat sat "           | - Glass de se se t   |   | 1Y - \$1    |  | dio Costion 140 07/000 Fb 150 00   |                                | an and to the  | the s         |
| 14. I do heret<br>informatio<br>I am an o                                 | on <b>ind</b> icated on<br>officer or directe | this annual report or s                             | uppleme<br>the rece    | intal annual report<br>iver or trustee emp                               | ialify for the<br>is true and a<br>powered to e | exer        | mption state   | ed in Section 119.07(3)(i), Florida Statute<br>at my signature shall have the same logs<br>ort as required by Chapter 607, Florida S   | d effect                       | as if made un  | ider oath     |