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

FILED May 17, 1999 8:00 am Secretary of State

PROFIT		FLORIDA DEPARTMENT OF STATE			Secretary of State				
CORPORATION ANNUAL REPORT		Katherine Harris			05-17-1999 90016 011 ***150.00				
1999 /		Secretary of State DIVISION OF CORPORATIONS							
		1/2							
DOCU	MENT# 1.09528 √Q	K							
1. Corporation	on Name						A - TT		
					1				_
Steinhat	chee Landing, Inc.								
Principal Place	of Business	Mailing Address			7				
Hwy 51		Нwy 51							
P. O. Box 789		P. O. Box 789			DO NOT WRITE IN THIS SPACE				
Steinhatchee, FL 32359		Steinhatchee, FL 32359			Date Incorporated or Qualified				
	200	2a. Mailing Address			08/15/99 4. FEI Number		IIAn	plied For	
Principal Place of Business 1		26 Za. Manning Address			59-2963616		<u> </u>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired	\$	8.75 Ad		
22		27					ee Require		
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 Madded to Fe		
Zip	Country	Zip Country			8. This corporation owes the curre				
24	25		30	unit y	Property Tax.	X Yes		No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered	Agent		
				81 Name				}	
				82 Street Add	dress (P.O. Box Number is Not Accepta	ble)			
Fowler, R. Dean				83					
Hwy 51				l°3					
Steinhat	tchee, FL 32359			84 City		FL	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Sta	tutes, t	he above-named	corporation submits this statement for	the purpo	se of char	nging its	
registered as registe	d office or registered agent, or both, in cred agent. I em familiar with, and acc	i the State of Florida. Such c cept the bbligations of, Secti	inange on 607.	was authorized 0505, Florida Si	by the corporation's board of directors.	i nereby a	ccept the	appointment	
SIGNATURE	E Dean	tour de		ン・・・	- 94				_
	Signature, typed or printed name of register				Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICE	DAT		S IN 12	CR2E034 (11/98)
12.	OFFICERS AND D	DELETE	13.	TITLE	ADDITIONS/CHANGES TO OFFICE	NO ANU L	Change	Addition	Ē
TITLE :	VAS Fowler, Loretta			NAME		ا •			8
STREET ADDRESS	1	Ave South	1.3	STREET ADDRESS	>4				Ш Ш
CITY - ST - ZIP	Steinhatchee, FL	32359	1.4	CITY - ST - ZIP	PREPARED BY MAULDIN & JENKINS	 .			8
TITLE		DELETE		TITLE	PREIL & JENKINS	, i	Change	Addition	O
NAME	}			NAME AVERTY + ACCOUNT	MAULDIN				
STREET ADORESS CITY - ST - ZIP			_	STREET ADDRESS CITY - ST - ZIP	No. of Street Control of Street				-
TITLE		DELETE	_	TITLE	SA-10		Change	Addition	
NAME			3.2	NAME		·		_	
STREET ADDRESS	J		3.3	STREET ADDRESS					,
CITY - ST - ZIP				CITY - ST - ZIP			10.	<u> </u>	
TITLE	1	DELETE		TITLE NAME			Change	Addition	
NAME STREET ADDRESS				STREET ADDRESS					ı
CITY - ST - ZIP				CITY - ST - ZIP	•				İ
TITLE		DELETE	5,1	TITLE			Change	Addition	
NAME		,	5.2	NAME		·			
STREET ADDRESS				STREET ADDRESS					
CITY - ST - ZIP				CITY - ST - ZIP				A are	
TITLE		DELETE		TITLE NAME			Change	Addition	
NAME STREET ADDRESS				STREET ADDRESS					
CITY - ST - ZIP	1			CITY - ST - ZIP					ı
	ertify that the information supplied wi	th this filing does not qualify	for the	exemption state	ed in Section 119.07(3)(i), Florida Statul	es. I furth	er certify th	nat the	

14. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify must the information indicated on this annual report or supplemental annual report 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 of 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 #