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

Mailing Address

GREEN COVE SPRINGS FL 32043

P. O. BOX 368

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

SIGNATURE:

GREEN COVE SPRINGS FL 32043

US HWY 17 S



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L27361

TAYLOR PRECAST CAROLINA, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90082 001 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

11/01/1989

| Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   | 2. Principal F                        | Place of Business                                  | 2a.       | Mailing Address        | _         |                                                       |                      | 4. FEI Number                                       | Ap              | plied For         |
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| City & State  Ci | 21 26                                 |                                                    |           |                        |           |                                                       |                      | 59-2977083                                          | No              | ot Applicable     |
| City & State  Ci | Suite, Apt.                           | #, etc.                                            |           | Suite, Apt. #, etc.    |           |                                                       |                      | - Cartife at a of Status Basis of                   | \$8.75          | Additional        |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 22                                    |                                                    |           | 7                      |           |                                                       |                      | 5. Certificate of Status Desired                    | Fee Re          | equired           |
| True Fund Control   Added to Press                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                    |           | City & State           |           |                                                       |                      | 6. Election Campaign Financing 55.00 May Be         |                 |                   |
| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name 12. W FORSYTH ST SUITE 900 JACKSONVILLE FL 32202 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 orifice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I have by accept the adjournment or the purpose of changing its registered orifice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I have by accept the adjournment for the purpose of changing its registered orifice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I have by accept the adjournment of the purpose of the corporation's board of directors. I have by accept the adjournment of the purpose of the corporation's board of directors. I have by accept the adjournment of the purpose of the corporation's board of directors. I have by accept the adjournment of the purpose of the corporation's board of directors. I have by accept the adjournment of the purpose of the corporation's board of directors. I have by accept the adjournment of the purpose of the corporation's board of directors. I have by accept the purpose of changing its registered orifice or registered agent.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. I must be accepted to the corporation and the purpose of the pur | 23                                    |                                                    | 28 -      | 3                      |           |                                                       |                      | Trust Fund Contribution                             |                 |                   |
| 8. Name and Address of Current Registered Agent  19. Name and Address of New Registered Agent  19. Name Service Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box Number is Not Acceptable)  19. Served Address (P.O. Box  | Zip                                   | Country                                            |           | Zip                    | Cou       | intry                                                 |                      | 8. This corporation owes the current year Inta      | ıngible         |                   |
| BRANT MOORE SAPP MACDONALD & WELLS PA  121 W FORSYTH ST SUITE 900  JACKSONVILLE FL 32022  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, Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Jen minital with, and ecopy the designation of Cabolito (197, 1958). Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered of the submits with and ecopy the designation of Cabolito (197, 1958). Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation's board of directors. I hereby accept the exponitioned agent ag | 24                                    | 25 29                                              |           |                        | 30        |                                                       |                      | Personal Property Tax.                              | ☐ Yes           | No                |
| BRANT MOORE SAPP MACDONALD & WELLS PA 121 W FORSYTH ST SUITE 900 JACKSONVILLE FL 32202  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 submitted by the corporation's board of directors. I hereby accept the objection of Section 90.50, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent. and minimals with, and accept the objections of Section 97.050, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation of the registered appointment and the submitted by the corporation's board of directors. I hereby accept the appointment as registered office of the corporation of the receiver of registered appointment and the above the appointment as registered office or directors. I hereby accept the corporation of change in Addition and the property of the provision of the receiver of registered appointment and the provision of the receiver of the corporation of the receiver of re |                                       | 9. Name and Address of Current                     | Registe   | ered Agent             |           |                                                       |                      | 10. Name and Address of New Registered A            | Agent           |                   |
| 11. Pursuant to the provisions of Sections 607 6802 and 807 1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 6805. Florida Statutes. The above-named corporation's board of directors. I hereby accept the obligations of, Section 607 6805. Florida Statutes. The above-named corporation's board of directors. I hereby accept the obligations of, Section 607 6805. Florida Statutes.  SIGNATURE:  SIGNA |                                       |                                                    |           |                        |           |                                                       | Name                 |                                                     |                 |                   |
| 121 W FORSYTH ST SUITE 900  JACKSONVILLE FL 32202  14. 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 agent. an affiliar with, and accept the obligation of, Section 607 0505, Florida Statutes. The above-named corporation's board of directors. I hereby sceept the appointment as registered agent. an affiliar with, and accept the obligation of, Section 607 0505, Florida Statutes as authorized by the corporation's board of directors. I hereby sceept the appointment as registered agent. an affiliar with, and accept the obligation of, Section 607 0505, Florida Statutes and accept the obligation of, Section 607 0505, Florida Statutes are appointment as registered agent. and accept the obligation of, Section 607 0505, Florida Statutes and for the purpose of changing its registered of office or directors. I hereby sceept the appointment as registered agent. and accept the obligation of, Section 607 0505, Florida Statutes and for the purpose of changing its registered of office or directors. I hereby sceept the appointment as registered agent. The purpose of changing its registered agent. The purpose of changing its registered of scenarios board of directors. I hereby sceept the appointment as registered accept the obligation of scenarios board of directors. I hereby scent the appointment as registered addition. In the control of scenarios board of directors. I hereby scent the appointment as registered addition. In the control of scenarios board of directors. I hereby scent the appointment as registered addition. In the control of scenarios board of directors. I hereby scent the purpose of changing its registered addition. In the control of the corporation of the recombined statutes. The acceptance of control of the corporation of the recombined of t | BRANT MOORE SAPP MACDONALD & WELLS PA |                                                    |           |                        |           | 100                                                   | Street Addre         | on (P.O. Box Number in Not Accontable)              |                 |                   |
| 11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Commission of Sections of Sections 607.0502 and 507.1508, Florida Statutes in an analysis of Section 607.0505, Florida Statutes.   Commission of Sections of Section 607.0505, Florida Statutes in an analysis of Section 100.70505, Florida Statutes in an analysis of Section 100.70505, Florida Statutes.   Commission of Sections of Sectio |                                       |                                                    |           |                        |           | 82 Street Address (P.O. Box Number is Not Acceptable) |                      |                                                     |                 |                   |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an affailar with, and accept the obligations of, Section 607 0505, Florids Statutes.  SIGNATURE  Signature, type of portion save and registered agent and title if spitcaste.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TELL  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TELL  14. CITY ST. 2P  MILLER, GARY A  US HWY 17 S.  GREEN COVE SPRNGS, F  TITLE  VPT  DELETE  21 TITLE  31 TITLE  31 TITLE  32 SAME  33 STREET ADDRESS  GREEN COVE SPRS FL  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TELL  COTY ST. 2P  BLECHA, JOAN B.  31 STREET ADDRESS  GREEN COVE SPRS FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TELL  A |                                       |                                                    |           |                        |           | 83                                                    |                      |                                                     |                 |                   |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an affailar with, and accept the obligations of, Section 607 0505, Florids Statutes.  SIGNATURE  Signature, type of portion save and registered agent and title if spitcaste.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TELL  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TELL  14. CITY ST. 2P  MILLER, GARY A  US HWY 17 S.  GREEN COVE SPRNGS, F  TITLE  VPT  DELETE  21 TITLE  31 TITLE  31 TITLE  32 SAME  33 STREET ADDRESS  GREEN COVE SPRS FL  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TELL  COTY ST. 2P  BLECHA, JOAN B.  31 STREET ADDRESS  GREEN COVE SPRS FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TELL  A | J                                     |                                                    |           |                        |           |                                                       |                      |                                                     |                 |                   |
| 11. Pursuant to the provisions of Sections 607 6502 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 an accept the obligations of section 607,6505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  NILLER, GARY A  SINEET ADDRESS  US HWY 17 S.  OTY-ST-2P  GREEN COVE SPROS, F.  14. OTY-ST-2P  STREET ADDRESS  OTY-ST-2P  GREEN COVE SPGS FL  OBLETE  13. TITLE  14. OTY-ST-2P  TITLE  VPT  DELETE  21. TITLE  22. NAME  23. STREET ADDRESS  OTY-ST-2P  GREEN COVE SPGS FL  OBLETE  34. TITLE  34. STREET ADDRESS  OTY-ST-2P  GREEN COVE SPGS FL  OBLETE  41. TITLE  33. STREET ADDRESS  OTY-ST-2P  GREEN COVE SPGS FL  OBLETE  41. TITLE  52. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  22. NAME  23. STREET ADDRESS  GREEN COVE SPGS FL  OBLETE  41. TITLE  41. TITLE  52. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRE | l                                     |                                                    |           |                        |           | 84                                                    | City                 | FI                                                  | 85 Zip          | Code              |
| 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 and an accept the obligations of Section 607.050s, Principal Statutes.  SIGNATURE  Signature, speed or protein stame of ingistered agent and tile if a specials. (NOTE Registered Agent signature required when resistation)  DAYE  12.  OFFICERS AND DIRECTORS 11.2  OFFICERS AND DIRECTORS IN 12.2  NAME  MILLER, GARY A  1.5 TREET ADDRESS  OTN-ST-2P  NAME  US HWY 17 S.  2.5 TREET ADDRESS  OTN-ST-2P  NAME  HADDOCK, MARILYN M.  STREET ADDRESS  OTN-ST-2P  OREEN COVE SPGS FL  OREST-2P  OREEN COVE SPGS FL  OREE | 14 Purcuant                           | to the amyleigns of Sections 607 0502              | and 60    | 7 1508 Florida Statut  | es the a  | hove                                                  | a-named como         | <b></b>                                             | thanging its    | registered        |
| SIGNATURE    Comment   Com | office or r                           | registered agent, or both, in the State of         | f Florida | a. Such change was a   | uthorized | l by '                                                | the corporation      | n's board of directors. I hereby accept the appoin  | tment as re     | gistered          |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD MILLER, GARY A STREET ADDRESS GREEN COVE SPRINGS, F TITLE UPT STREET ADDRESS US HWY 17 S GREEN COVE SPGS FL TITLE STREET ADDRESS US HWY 17 S GREEN COVE SPGS FL TITLE STREET ADDRESS US HWY 17 S STREET ADDRESS STREE | agent. I a                            | m familiar with, and accept the obligation         | ons of, : | Section 607.0505, Flo  | rida Stat | utes.                                                 |                      |                                                     |                 | į                 |
| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD MILLER, GARY A MILLE | SIGNATURE                             |                                                    |           |                        |           |                                                       |                      | DATE                                                |                 |                   |
| INME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  23 STREET ADDRESS CITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME WS ALCITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME JOELETE J |                                       | <del></del>                                        |           |                        |           | Ageni                                                 | t signature required | Wilder Glandard)                                    | DIPECTO         | DS IN 12          |
| INME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  23 STREET ADDRESS US HWY 17 S.  CITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME HADDOCK, MARILYN M.  32 NAME US HWY 17 S.  CITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME AND CITY-ST-ZIP MADDOCK AND CITY-ST-ZIP MA |                                       | <del>~</del>                                       |           |                        |           | n c                                                   | <del></del>          | ADDITIONS/CHANGES TO OFFICERS AN                    |                 | Addition :        |
| INME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  23 STREET ADDRESS US HWY 17 S.  CITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME HADDOCK, MARILYN M.  32 NAME US HWY 17 S.  CITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME AND CITY-ST-ZIP MADDOCK AND CITY-ST-ZIP MA |                                       | · · · · · · · · · · · · · · · · · · ·              |           | W DELL'IE              | 1.2 NAM   |                                                       | ł                    |                                                     | C) priorigo     |                   |
| INME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  23 STREET ADDRESS US HWY 17 S.  CITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME HADDOCK, MARILYN M.  32 NAME US HWY 17 S.  CITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME AND CITY-ST-ZIP MADDOCK AND CITY-ST-ZIP MA |                                       | 1                                                  |           |                        |           |                                                       |                      |                                                     |                 | 1                 |
| INME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  23 STREET ADDRESS CITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME WS ALCITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME JOELETE J | STREET ADDRESS                        |                                                    |           |                        | ·-        |                                                       | ]                    | •                                                   |                 | } !               |
| INME BLECHA, JOAN B.  22 NAME BLECHA, JOAN B.  23 STREET ADDRESS CITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME WS ALCITY-ST-ZIP GREEN COVE SPGS FL  MADDOCK, MARILYN M.  32 NAME JOELETE J |                                       |                                                    |           | _                      |           |                                                       |                      | <b>Y</b>                                            | - Addition      |                   |
| STREET ADDRESS  CITY-ST-ZIP  GREEN COVE SPGS FL  Addition   | TITLE                                 | 1 1                                                |           | LJ DELETE              | E 2.1 ΠΠ  |                                                       | ( P.                 |                                                     | <b>M</b> Change | ☐ Addition [      |
| STREET ADDRESS  CITY-ST-ZIP  GREEN COVE SPGS FL  Addition  HADDOCK, MARILYN M.  STREET ADDRESS  CITY-ST-ZIP  GREEN COVE SPGS FL  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  GREEN COVE SPGS FL  34 CITY-ST-ZIP  GREEN COVE SPGS FL  34 CITY-ST-ZIP  GREEN COVE SPGS FL  35 STREET ADDRESS  CITY-ST-ZIP  GREEN COVE SPGS FL  GREEN COVE S | NAME                                  |                                                    |           |                        | 2.2 N     | WE.                                                   | 78                   | ikeha, Joan B.                                      |                 |                   |
| TITLE S NAME HADDOCK, MARILYN M.  STREET ADDRESS CITY-ST-ZIP GREEN COVE SPGS FL  DELETE  1.1 TITLE  1.2 NAME  3.3 STREET ADDRESS GREEN COVE SPGS FL  3.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  DELETE  1.5 TITLE  1.5 TIT | STREET ADDRESS                        | US HWY 17 S.                                       |           |                        | 2.3 ST    | REET                                                  | ADDRESS 4            | e HWY IT S.                                         |                 | 1                 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME A3 STREET ADDRESS CITY-ST-ZIP TITLE NAME A4 CITY-ST-ZIP TITLE NAME A4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S2 NAME S1 STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S2 NAME S1 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S1 TITLE S2 NAME S1 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP TITLE S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE S4 CITY-ST-ZIP S5 CITY-ST-ZIP TITLE S4 CITY-ST-ZIP TITLE S5 STREET ADDRESS CITY-ST-ZIP TITLE S5 STREET ADDRESS CITY-ST-ZIP TITLE S5 STREET ADDRESS S6 CITY-ST-ZIP TITLE S6 STREET ADDRESS S6 CITY-ST-ZIP TITLE S6 STREET ADDRESS | CITY-ST-ZIP                           | GREEN COVE SPGS FL                                 |           |                        | 2.4 C     | ITY-ST                                                | T-ZIP G              | breen Cove SPGS FL                                  |                 |                   |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A3 STREET ADDRESS CITY-ST-ZIP DELETE A4 CITY-ST-ZIP CITY-ST-ZIP DELETE A4 CITY-ST-ZIP CITY-ST-ZIP DELETE A4 CITY-ST-ZIP A4 CITY-ST-ZIP CITY-ST-ZIP DELETE A5 TITLE A4 CITY-ST-ZIP A4 CITY-ST-ZIP CITY-ST-ZIP A4 CITY-ST-ZIP A4 CITY-ST-ZIP A4 CITY-ST-ZIP CHANGE A5 STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP A4 CITY-ST-ZIP A4 CITY-ST-ZIP A5 CITY-ST-ZIP A5 CITY-ST-ZIP A6 CITY-ST-ZIP A7 CIT | TITLE                                 | S                                                  |           | DELETE                 | 3.1 TI    | πE                                                    | Į                    | •                                                   | ☐ Change        | ☐ Addition {      |
| GREEN COVE SPGS FL  3.4. CITY-ST-ZIP    DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAME                                  | HADDOCK, MARILYN M.                                |           |                        | 3.2 N     | ME                                                    | [                    |                                                     |                 |                   |
| TITLE  NAME  1.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  1.4 CITY-ST-ZIP  DELETE  5.1 TITLE  NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  1.4 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 reprovered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS                        | US HWY 17 S.                                       |           |                        | 3.3 51    | REET                                                  | ADDRESS              |                                                     |                 | )                 |
| NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  STREET ADDRESS  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  Green Code SPG5 FL.  Change Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  CAMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CHANGE  6.3 STREET ADDRESS  CITY-ST-ZIP  1.4 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITY-ST-ZIP                           | GREEN COVE SPGS FL                                 |           |                        | 3.4. C    | TY-51                                                 | T-ZIP                |                                                     |                 |                   |
| CITY-ST-ZIP    ACITY-ST-ZIP   Green Cone Spes Fl.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TITLE                                 |                                                    |           | ☐ DELETE               | 4.1 TT    | LΕ                                                    | 1                    | <b>V</b>                                            | ☐ Change        | <b>★</b> Addition |
| CITY-ST-ZIP    ACITY-ST-ZIP   Green Cone Spes Fl.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAME                                  |                                                    |           |                        | 4.2 N     | AME                                                   |                      | seago, Tony M.                                      |                 | ł                 |
| CITY-ST-ZIP    ACITY-ST-ZIP   Green Cone Spes Fl.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS                        |                                                    |           |                        | 4.3 ST    | REET                                                  | ADDRESS L            | 45 Hay 17 5.                                        |                 | }                 |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  1.1 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 suppliemental annual report is true and accurate and that my signature shall have 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                    |           |                        |           |                                                       |                      | Green Cove SPGS FI                                  |                 | }                 |
| NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  CANAME  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  1.1 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 suppliemental 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TITLE                                 | _ <del></del>                                      |           | ☐ DELETE               | _         |                                                       |                      |                                                     |                 | ☐ Addition        |
| STREET ADDRESS  CITY-ST-ZIP  DELETE  6.1 TITLE  CAMME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  1. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME                                  |                                                    |           |                        | 5.2 NA    | ME                                                    |                      |                                                     |                 | Į.                |
| 5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  5.5 CITY-ST-ZIP  5.6.1 TITLE  6.1 TITLE  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  1.4. 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 suppliemental 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                                                    |           | )                      | 5.3 S1    | REET                                                  | ADDRESS              |                                                     |                 | Ì                 |
| TITLE    DELETE   6.1 TITLE   Change   Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                    |           |                        | ı         |                                                       | l l                  |                                                     |                 | {                 |
| NAME  STREET ADDRESS  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | <del></del>                                        |           | √ DELETE               |           |                                                       |                      | <del></del>                                         | ☐ Change        | ☐ Addition        |
| STREET ADDRESS  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                                                    |           |                        | 1         |                                                       | }                    |                                                     | ∨و ـــ          |                   |
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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | indicated                             | on this annual report or supplemental a            | ınnual re | eport is true and accu | rate and  | that                                                  | my signature :       | shall have the same legal effect as if made under   | oath; that l    | am an             |
| Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | officer or                            | director of the corporation or the receive         | er or tru | istee empowered to e   | xecute th | iìs re                                                | port as require      | ed by Chapter 607, Florida Statutes; and that my    | пате арре       | ears in           |