PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62270

1. Corporation Name

CANOE OUTPOST OF HIGH SPRINGS, INC.

Principal Place of Business Mailing Address						7 - 4 LUNGLIGHER MICH MICHAEL (1884 LUNDI MOIL MICH MEN MICH MICH MICH MICH MICH MICH MICH MICH	.#!! #!#!! #!#	
% SARA JANE WOOD % SARA JANE WOOD P O BOX 592 P O BOX 592 HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643						DO NOT WRITE IN THIS SPACE		
		ing the states,				3. Date Incorporated or Qualifed 03/29/1990		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
26						59-3002309		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e						5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	City & State	& State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip		Country			8. This corporation owes the current year Int	angible	
24	25	29 30	<u> </u>			Personal Property Tax.	Yes	ITHO
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
		_	81	Nar	me			
. Wood, James A. Hwy 441 Santa fe river Bridge			82	Stre	eet Addres	ss (P.O. Box Number is Not Acceptable)		
HIGH	1 SPRINGS FL 32643		83				·	
li.		•	84	City	/		85 Zi	p Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	orized by	the c	ned corpor orporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoin	changing ntment as	its registered registered
SIGNATURE		AND TO DESCRIPTION OF THE PARTY		at alaaat		when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signat	ture required v	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
TITLE	VP OF THE ROANS	DELETE	1.1 TITLE			7,007,000,000,000,000,000,000,000,000,0	Chang	
NAME	WOOD, JAMES A.		1.2 NAME			•,		
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NAME			5.2 NAME					
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CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
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NAME			6.2 NAME		}			
STREET ANNOUSS			6.3 STREE	T ADDRI	ESS			J

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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE2

CITY-ST-ZIP

454-2050

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90055 013 ***150.00