

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18201 (6) 1. Corporation Name SEMINOLE RIDGE BOAT RAMP ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 2926 MELROSE FL 32666		Mailing Address 635 S.W. 4TH AVE. MELROSE FL 32666 US	
2. Principal Place of Business 21 635 S E 4th Av Suite, Apt. #, etc. 22 Melrose, FL City & State 23 32666 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent MCDavid, RICHARD 8866 OAKVIEW ROAD MELROSE FL 32666		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WORLEY, PHILIP R 635 SE 4TH AVENUE MELROSE FL 32666	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director Robert Kilby 523 S E 3rd Av Melrose, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCDavid, RICHARD 8866 OAKVIEW ROAD MELROSE FL 32666	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD SMITH, RICHARD 648 SE 4TH AVENUE MELROSE FL 32666	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASSWATER, JOHN S 2896 SE 3RD AVENUE MELROSE FL 32666	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTNUT, WILLIAM 359 SE 4TH AVENUE MELROSE FL 32666	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



CR2E037 (1097)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip R. Worley *Philip R. Worley* 4/27/98 352-475-1763