FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

NCORPORATED						
Principal Place of Business HWY 78 P.O. BOX 298 VERNON FL 32462 US		Mailing Address			-	T TOBUTION BOT THE FOLIATION CLOSE FLOOR TOWN BURNE BURNE BURNE BURNE BURNE BERNE BURNE BURNE BURNE BURNE BURNE
		HWY 79 P.O. BOX 288 VERNON FL 32462			3. Date Incorporated or Qualified 02/06/1987	
		us				4. FEI Number Applied For
2. Principal Place of Business		2a. Mailing Address				59-2027421 Not Applicable
21		26				5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	te	City & State				7. Is this nonprofit corporation a homeowners association?
23		28				Yes No
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible	
24	25		30			Personal Property Tax due June 30. 🔲 Yes 🔼 No
	9. Name and Address of Curre	nt Registered Agent		-41		10. Name and Address of New Registered Agent
	****		['	81	Name	
WHITE,			Ī	82	Street Add	Iress (P.O. Box Number is Not Acceptable)
WESTVILLE FL 32464				83		
			ļ,	84	City	FL 85 Zip Code
11. Pursuant office or agent. I s SIGNATURE	to the provisions of Sections 617.05 registered agent, or both, in the Statem familiar with, and accept the oblig	hits				poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered 4-3-98 DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TR	DELETE	1.1 7(7)	LĒ		Change Addition
NAME	OWENS, GARY		1.2 NA	1.2 NAME		
STREET ADDRESS	3474 SPOOLMILL ROAD		1.3 STR	EET A	ADDRESS	
CITY-ST-ZIP	VERNON FL		1.4 C/I	Y-ST	-ZIP	
TITLE	D	☐ DELETE		2.1 TITLE		Change Addition
NAME	SIMMONS, THEODORE		1	2.2 NAME		
STREET ADDRESS	RT. 1, BOX 73			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VERNON FL	DELETE	_	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	RUSS, WILBURN W.			3.2 NAME		Change Account
STREET ADDRESS	ROUTE 1, BOX 333		3.3 STREET ADDRESS		INDRESC	
CITY-ST-ZIP	CHIPLEY FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE		4.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, JAMES		4. 2 NA	4. 2 NAME		
STREET ADDRESS	ROUTE 1, BOX 77		4.3 STR	REET A	LDORESS	
CITY-ST-ZIP	VERNON FL		4.4 CITY	Y-ST-	-ZIP	
TITLE	D	☐ DELETE	5.1 TITL	5.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, SCOTT		5.2 NAME		-	
STREET ADDRESS	STAR RT. BOX 198-A		5.3 STR	REET A	ADDRESS	
CITY - ST - ZIP	VERNON FL		5.4 C/T		- ZIP	
TITLE	ST	DELETE	6.1 TITL	6.1 TITLE		Change Addition
NAME	EVANS, SHERRI		6.2 NAA	WE		
STREET ADDRESS	3414 COOK CIRCLE		6.3 STR	REET A	LOORESS	
CITY CT. 7(D	VERNON FI		# # 4 AUT	V 61	91D	

14. I Period FE

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:

4-2-98

FILED

Apr 16 1998 8:00am

Secretary of State