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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44106** **(5)**

1. Corporation Name

MYAKKA CONSERVANCY, INC.

Principal Place of Business	Mailing Address
~~3700 SO TAMIAMI TRL STE 240~~ 4837 SWIFT ROAD SUITE 210 SARASOTA FL ~~34230~~ 34231-5157 US	C/O BILLY WETHERINGTON P.O. BOX 1355 SARASOTA FL 34230-1355 US

3. Date Incorporated or Qualified: **06/28/1991**
3a. Date of Last Report: **02/21/1996**

2. Principal Place of Business
21: 4837 SWIFT ROAD
Suite, Apt. #, etc. 22: SUITE 210
City & State 23: SARASOTA FL
Zip 24: 34231-5157 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: **65-0307483** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HACKETT, JACK O II
115 W OLYMPIA AVE
PUNTA GORDA FL 33950

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS JULIE		1.2 NAME	
STREET ADDRESS	4535 45TH CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LONGINO, B T BUSTER		2.2 NAME	
STREET ADDRESS	RT 2, BOX 695		2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ESTEVEZ, EERNEST D		3.2 NAME	
STREET ADDRESS	1600 THOMPSON PARKWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WETHERINGTON, BILLY		4.2 NAME	
STREET ADDRESS	3700 SO TAMIAMI TRL, STE 240		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, DONALD H		5.2 NAME	
STREET ADDRESS	18419 MEYER AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Billy Wetherington BILLY WETHERINGTON 4-28-97 941-923-2537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0062780