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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44106

1. Corporation Name
MYAKKA CONSERVANCY, INC.

Principal Place of Business	Mailing Address
4837 SWIFT ROAD STE 210 SARASOTA FL 34231-5157 US	C/O BILLY WETHERINGTON P.O. BOX 1355 SARASOTA FL 34230-1355 US

2. Principal Place of Business 21 4535 45th Ct.	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/28/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 49271	4. FEI Number 65-0307483 ☐ Applied For ☐ Not Applicable
City & State 23 Sarasota FL	City & State 28 Sarasota FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 34234 Country 25	Zip 29 34230 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WETHERINGTON, BILLY
SWIFT HOPE PROFESSIONAL BLDG
4837 SWIFT ROAD, STE 210
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: Julie Morris
82 Street Address (P.O. Box Number Is Not Acceptable): 4535 45th Ct.
83
84 City: Sarasota FL 85 Zip Code: 34234

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: ✓ Julie Morris DATE: ✓ 5-8-99
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	D	☐ Change ☒ Addition
NAME	MORRIS JULIE		1.2 NAME	Whelan, Jack	
STREET ADDRESS	4535 45TH CT		1.3 STREET ADDRESS	1325 Quail Dr.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota FL	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LONGINO, B T BUSTER		2.2 NAME	charles hunsicker	
STREET ADDRESS	RT 2, BOX 695		2.3 STREET ADDRESS	1112 manatee Ave. W	
CITY-ST-ZIP	ARCADIA FL		2.4 CITY-ST-ZIP	Bradenton FL	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ESTEVEZ, EERNEST D		3.2 NAME	Renee T. Strickland	
STREET ADDRESS	1600 THOMPSON PARKWAY		3.3 STREET ADDRESS	24615 Oak Knoll Rd.	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Myakka, FL 34251	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WETHERINGTON, BILLY		4.2 NAME		
STREET ADDRESS	4837 SWIFT RD, #210		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHEATHAM, ALTON		6.2 NAME		
STREET ADDRESS	1625 W MARIANNE AVE #4		6.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Julia Morris **SIGNATURE REQUIRED** 4-7-99 941359-4299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #