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 #

(0)

OUNTY, INC.								Ī					
Principal Place of Business Mailing Address									i iddicint nai nizit anim icain	(B(4) B181 81	ni Atent elekt Elbin El	1811 W/WIL 18W1	
70 7TH ST APALACHICOLA FL 32320 US				70 7TH ST APALACHICOLA FL 32320 US					3. Date Incorporated or Quali 08/05/1992 4. FEI Number	fied	<u> </u>	oplied For	
L				2s. Mailing Address 26					59-3139634 6. Certificate of Status Desired	g 🗀	\$8.75	Additional	
Suite, Apt. #, etc.				Sulte, Apt. #, etc.					6. Election Campaign Financi	na	\$5.00		
22				27					Trust Fund Contribution	<u> </u>	Added to		
City & State				City & State					7. Is this nonprofit corporation a homeowners association?				
23				Zip Country					☐ Yes ☐ No				
24	Zip Country			<u> </u>			y	8. This corporation owe Personal Property To		s or has paid the current year Intangible			
24 25 9, Name and Address of Currel			rrent Regi						10. Name and Address of Ne			<u> </u>	
						81	Name	е					
WATKINS, J. BEN						62	Street	earbh A t	s (P.O. Box Number is Not Acco	ntable)			
41 COMMERCE ST.					L	<u> </u>	r Addida	5 (1 .O. DOX 110/110/1 10/1 10/1	optao.c;				
APALACHICOLA FL 32320						83							
						84	City				85 Zip	Code	
SIGNATURE		sions of Sections 617 gent, or both, in the S ith, and accept the o							ation submits this statement for 's board of directors. I hereby a	the purpos sccept the		s registered registered	
12.	Signature, types		AND DIRE		, itole i	13.	oric any marco	ne require	ADDITIONS/CHANGES TO C			IS IN 12	
TITLE	DS			D	ELETE	1.1 TITLE					☐ Change	Addition	
NAME		VAY, CARL G., JR.				1.2 NAME		1					
STREET ADDRESS				1.3			1.3 STREET ADDRESS						
CITY-ST-ZIP						1.4 CITY-ST-ZIP						- A-00	
TITLE	COLONOL MADIONE D					2.1 TITLE		1			☐ Change	Addition	
NAME	115 BA					2.2 NAME	*						
STREET ADDRESS CITY-ST-ZIP		CHICOLA FL				2.3 STREET		'					
TITLE	D	7110001112			ELETE	2. 4 CITY - 3.1 TITLE	31-Zir	 	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	FALK, H	IARRY H., JR.				3.2 NAME		1			•		
STREET ADDRESS	218 AV	E. "D"				3.3 STREET	ADDRESS	:				ŀ	
CITY-ST-ZIP	APALA(CHICOLA FL				3.4. CITY-	ST-ZIP_	<u> </u>					
TITLE	DT -			C Di	ELETE	4.1 TITLE					Change	Addition	
NAME		, ROSE E.				4.2 NAME		İ					
STREET ADDRESS	70 - 7TI	H ST. HICOLA FL			ı	4.3 STREET		·]					
CITY-ST-ZIP	APALAL	MICOLA PL		ΠD	FLETE	4.4 City - S	ST-ZIP	+	<u></u>		Change	Addition	
TITLE NAME				ں ت	LLLIL	5.1 TITLE		Į.				- Waller	
WW.						E O MANUE						J	
STREET ADDRESS					i	5.2 NAME 5.3 STREET	LANNOCCC						

14. I hereby certify that the information supplied with this filling 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 or or flyattachment with an eddress.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

DELETE

FILED

May 01 1998 8:00am

Secretary of State

Addition