

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

61.25

1998

ANNUAL REPORT
FORM

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

N93000001319

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 28 PM 4:18

DOCUMENT # **N93000001319**

1. Corporation Name **Old Fenimore Mill Master Association, Inc**
P.O. Box 850 Dock St.
Cedar Key, FL 32625

2. Principal Place of Business **Dock St** Mailing Address **P.O. Box 850**
Cedar Key, FL 32625

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*****4090.00 *****61.25**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3185755

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Allen, Richard	725 N.E. 1st St	Gainesville, FL 32601
PD	King, Charles P. Jr.	209 N.W. 8th Street	Chiefland, FL 32626
	Charles P. King Jr.	P.O. Box 363	Chiefland, FL 32626
D	Starvos, James R.	P.O. Box 251 N/A	Lutz, FL 33549

THIS IS THE 1998 ANNUAL REPORT FORM

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **King, Charles P. Jr.**
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 363
Suite, Apt. #, Etc.
209 N.W. 8TH STREET
City **Chiefland** State **FL** Zip Code **32644**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Charles P. King Jr.

REGISTERED AGENT MUST SIGN

Date **9-28-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Charles P. King, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-98

Date

352-493-4797

Daytime Phone #