FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:47

DOCUMENT # **N93000001997 (6)**

1. Corporation Name

WITHLACOOCHEE PRIVATE INDUSTRY COUNCIL CLIENT SERVICES CORPORATION

Principal Place of Business	Mailing Address
508 SW PINE AVE OCALA FL 33474-4296	508 SW PINE AVE OCALA FL 33474-4296

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1993	3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-3178092	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEAN, H E
230 NE 25TH AVE
OCALA FL 34470

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 607.0502 and 607.1508, 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 607.0505, 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	D	11 TITLE	☐ Change ☐ Addition
NAME	JOE WARD,	12 NAME	
STREET ADDRESS	ROUTE 3, BOX 342 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	TRENTRON FL 32693	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CHARLES W. GILBERT ,	22 NAME	
STREET ADDRESS	P.O. BOX 147 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL 32621	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	ELBERTA RITCHIE,	32 NAME	Norma Bagley
STREET ADDRESS	P.O. BOX 763 N/A	33 STREET ADDRESS	100 E. Dade Avenue
CITY-ST-ZIP	WILDWOOD FL 32785	34 CITY-ST-ZIP	Bushnell, Florida 33513
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BRETT WATTLES,	42 NAME	
STREET ADDRESS	2105 S.E. 32ND STREET	43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 32670	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	MILTON SIMS,	52 NAME	Ivory Gray
STREET ADDRESS	P.O. BOX 184 N/A	53 STREET ADDRESS	P.O. Box 1317 N/A
CITY-ST-ZIP	BRONSON FL 32621-0184	54 CITY-ST-ZIP	Wildwood, Florida 34785
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	THOMAS E. SKINNER JR,	62 NAME	REMITTED BY MAY 1
STREET ADDRESS	1705 BELMONTE AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added with my address.

SIGNATURE: Thomas E. Skinner, Jr Exec. Vice-Pres, 5/20/95 904-732-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007341