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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N95000005567**

1. Corporation Name
WEST JACKSON COUNTY DEVELOPMENT AUTHORITY, INC.

Principal Place of Business	Mailing Address
2864 MADISON STREET MARIANNA FL 32446	2864 MADISON STREET MARIANNA FL 32446

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3440108 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARTER, CHANLEY W 2864 MADISON STREET MARIANNA FL 32446	81 Name: J. Milton Pittman 82 Street Address (P.O. Box Number is Not Acceptable): 2864 Madison Street 83 84 City: Marianna **FL** 85 Zip Code: 32446

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: J. Milton Pittman 1/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDST	XX DELETE	1.1 TITLE	PDST	☐ Change XX Addition
NAME	CARTER, CHANLEY		1.2 NAME	J. Milton Pittman	
STREET ADDRESS	2864 MADISON STREET		1.3 STREET ADDRESS	2864 Madison Street	
CITY-ST-ZIP	MARIANNA FL 32446		1.4 CITY-ST-ZIP	Marianna, FL 32446	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPIRES, WILLIE		2.2 NAME		
STREET ADDRESS	2864 MADISON STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOCKEY, CHUCK		3.2 NAME		
STREET ADDRESS	2864 MADISON STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (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: J. Milton Pittman 1/11/99 850-482-9633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #