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FILED

Mar 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001773 (8)

1. Corporation Name

ECONOMIC DEVELOPMENT COMMISSION OF HERNANDO COUN
TY, INC

Principal Place of Business

20 S BROAD ST
BROOKSVILLE FL 34805

Mailing Address

P O BOX 185
BROOKSVILLE FL 34805-0485

3. Date Incorporated or Qualified

04/02/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3393270

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 12 South MAIN Street

2a. Mailing Address

26 P.O. Box 96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Brooksville Florida

City & State

28 Brooksville Florida

Zip

24 34601

Country

25 USA

Zip

29 34605

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOGAN, THOMAS S JR
20 S BROAD ST
BROOKSVILLE FL 34805Richard Michael
P.O. Box 96
Brooksville FL 34605

81 Name

Richard Michael

82 Street Address (P.O. Box Number is Not Acceptable)

12 SOUTH MAIN STREET

83

84 City

Brooksville

FL

85 Zip Code

34601

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

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 D ☐ DELETE
NAME PIERMATTEO, JOSEPH J
STREET ADDRESS P.O. BOX 1508
CITY-ST-ZIP BROOKSVILLE FL 34805
only P.O. Box Available1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME JOHN WICKERT
1.3 STREET ADDRESS 5426 SPRING HILL DRIVE
1.4 CITY-ST-ZIP SPRING HILL FLORIDATITLE D ☐ DELETE
NAME TAYLOR, DENNIS A
STREET ADDRESS 7343 ROYAL OAK DRIVE
CITY-ST-ZIP SPRING HILL FL 348072.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME JACK WOODALL
2.3 STREET ADDRESS 15470 FLIGHT PATH DRIVE
2.4 CITY-ST-ZIP BROOKSVILLE Florida 34609TITLE D ☐ DELETE
NAME DAUS, EDWARD J
STREET ADDRESS 398 FLORIAN WAY
CITY-ST-ZIP SPRING HILL FL 348093.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CLIFFORD, DONALD W
STREET ADDRESS 3135 TREELINE COURT
CITY-ST-ZIP SPRING HILL FL 348064.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GAWOR-ADAMS, BARBARA
STREET ADDRESS 9362 WALLIEN DRIVE
CITY-ST-ZIP BROOKSVILLE FL 348015.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0086330

CR2E037 (9/96)