

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 13 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001773 (8)

1. Corporation Name  
**ECONOMIC DEVELOPMENT COMMISSION OF HERNANDO COUNTY, INC**



Principal Place of Business 12 SOUTH MAIN ST. BROOKSVILLE FL 34601 US	Mailing Address PO BOX 96 BROOKSVILLE FL 34605 US
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3. Date Incorporated or Qualified <b>04/02/1996</b>		
4. FEI Number <b>59-3393270</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>RICHARD MICHAEL</b> <b>12 SOUTH MAIN ST.</b> <b>BROOKSVILLE FL 34601</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERMATTEO, JOSEPH J</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1508 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34605</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, DENNIS A</b>	2.2 NAME	
STREET ADDRESS	<b>7343 ROYAL OAK DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL 34807</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAUS, EDWARD J</b>	3.2 NAME	
STREET ADDRESS	<b>398 FLORIAN WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL 34809</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLIFFORD, DONALD W</b>	4.2 NAME	
STREET ADDRESS	<b>3135 TREELINE COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAWOR-ADAMS, BARBARA</b>	5.2 NAME	
STREET ADDRESS	<b>9362 WALLIEN DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN WICKERT</b>	6.2 NAME	
STREET ADDRESS	<b>5420 SPRING HILL DR.</b>	6.3 STREET ADDRESS	<b>4320 LAKE IN THE WOODS</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>	6.4 CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>

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.

SIGNATURE: \_\_\_\_\_ DATE: **August 5, 1998** DAYTIME PHONE #: **352-799-7275**

CR2E037 (5/96)