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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90204 037 \*\*\*\*61.25

**DOCUMENT # N97000001456**

1. Corporation Name

**FLORIDA'S FRESHWATER FRONTIER, INC.**

Principal Place of Business

1103 US 27 SOUTH  
SEBRING FL 33870

Mailing Address

POST OFFICE BOX 1196  
SEBRING FL 33871



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

65-0768427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

NEALE, BETTY J  
1103 US 27 SOUTH  
SEBRING FL 33870

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 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

TITLE D ☐ DELETE

NAME BRYANT, MINOR L  
STREET ADDRESS 1685 STATE ROAD 62  
CITY-ST-ZIP BOWLING GREEN FL 33834

TITLE D ☐ DELETE

NAME JONES, K S "BUTCH"  
STREET ADDRESS GALDES CO COURTHOUSE HWY 27 & 5TH ST  
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D ☐ DELETE

NAME MARKHAM, LOWREY  
STREET ADDRESS 401 SO PARROTT AVE.  
CITY-ST-ZIP OKEECHOBEE, FL FL 34974

TITLE D ☐ DELETE

NAME GOSE, JAMES L  
STREET ADDRESS 2911 NE LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE D ☐ DELETE

NAME ALLEN, ROBERT R  
STREET ADDRESS 12 SOUTH 12TH ST  
CITY-ST-ZIP ARACADIA FL 34266

TITLE D ☐ DELETE

NAME MECHLIN, JEFFREY  
STREET ADDRESS 98 NORTH FORREST AVE  
CITY-ST-ZIP AVON PARK FL 33825

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VCD ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE S/T/D ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Gose

4/30/99

941)382-6900

Date

Daytime Phone #

CR2E037 (1/98)

0058504