

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

|                                                   |                                                                                   |                                                                                                    |
|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # N97000004322 (0)  
1. Corporation Name  
HABITATS FOR CRITTERS & PEOPLE & PLANTS, INC.

|                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>940 NW 5TH TER<br>CRYSTAL RIVER FL 34428 | Mailing Address<br>940 NW 5TH TER<br>CRYSTAL RIVER FL 34428 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent  
MUTCH, SAMUEL A  
726 NW 8TH AVE  
GAINESVILLE FL 32601

|                                                                                                                                   |                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>07/28/1997                                                                                   | 4. FEI Number<br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                       | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees                                                          |
| 7. Is this nonprofit corporation a homeowners association?<br><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.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |                                                                                                                                    |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SPIVEY, HELEN<br>940 NW 5TH TER<br>CRYSTAL RIVER FL 34428<br><input type="checkbox"/> DELETE                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>SPIVEY, WILLIAM<br>940 NW 5TH TER<br>CRYSTAL RIVER FL 34428<br><input checked="" type="checkbox"/> DELETE<br><i>Deceased</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>MUTCH, SAMUEL A<br>726 NW 8TH AVE<br>GAINESVILLE FL 32601<br><input type="checkbox"/> DELETE                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Richard C. Briggs<br>10N Country Club Drive<br>Crystal River, FL 34429<br><input type="checkbox"/> DELETE                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                    |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                   |
|----------------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Helel Spivey* REQUIRED HELEL S. SPIVEY N97000004322-795-2456

CR2E037 (1097)