FILE NOW: FILI NONPROFIT CORPORATION ANNUAL REPORT 1999		: FILING FE	REFETS \$61.25 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90100 014 ****61.25	0057878
DOCU 1. Corporation	MENT # N98					
Principal Place of Business 1901 PENINSULAR DRIVE HAINES CITY FL 33844		1901 P) Address PENINSULAR DRIVE S CITY FL 33844			
21	ace of Business	26	illing Address		3. Date Incorporated or Qualifed 05/07/1998 4. FEI Number Applied For]
Suite, Apt. 22 City & State		27	y & State		91-1901 800 Not Applicable 5 Castificate of Status Designd \$8.75 Additional	
23 Zip			28 Zip Country		6. Election Campaign Financing \$5.00 May Be	
24	25 9. Name and Address of	29 Current Registere	d Agent	81 Name	Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent	
AKERMAN 777 SOUT WEST PAL	HOMAS E ESQ. I, SENTERFIT & EIDSON, H FLAGLER DR., SUITE & M BEACH FL 33401 to the provisions of Sections egistered agent, or both, in th m familiar with, and accept th	617.0502 and 617.1 e State of Florida. S	Such change was auth	83 84 City the above-named orized by the corpo	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	-
SIGNATURE	Signature, typed or printed name of reg			gistered Agent signature r	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(11/98)
12. TITLE NAME STREET ADDRESS	d Broadhead, gordon 1901 Peninsular Driv			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	P ☐ Change X Addition	037
CITY-ST-ZIP TITLE NAME	HAINES CITY FL 33844 D DRUMMOND, WILLIAM			1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	T □ Change X Addition	CR2E
STREET ADDRESS CITY-ST-ZIP TITLE NAME	1220 LEONE DRIVE EAS HAINES CITY FL 33844 D SCOTT, GREG	SI 		2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	S Change Addition	-
STREET ADDRESS CITY-ST-ZIP TITLE NAME	1201 Silas Drive Live Oak FL 32060 D Boulware, Dru			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Change 🕅 Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	507 LAKE CHARM COU OVIEDO FL 32765 D GAVINI DAPRVI	RT		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	GAVIN, DARRYL 9501 HEMPELL COVE B WINDERMERE FL 33844			5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE	Change 🛱 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	and is, that the last and a strengthere	policid with this films	does not qualify for th	6.2 NAME 6.3 STREET ADORESS 6.4 CITY-ST-ZIP	LAKEIAND, FL 33801	
	on this annual report or supp director of the corporation or or Block 13 if changed, if on	the receiver or trust an attachment with	ee empowered to exec an address, with all of	e and that my sign cute this report as her like empowere	A IN Section (19.07(3)(1), Florida Statutes, Horffer Certifier Cardination nature shall have the same legal effect as if made under oath; that I am an required by Chapter 617, Florida Statutes; and that my name appears in ad. DAD HCAD, JE, Date 28, (4994, (491)) 431 59 Devime Phone #	<u>103</u>

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