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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000004086 (4)**

1. Corporation Name
SEMINOLE OF OKEECHOBEE/JUPITER, INC.

Principal Place of Business	Mailing Address
PO BOX 2434 OKEECHOBEE FL US	PO BOX 2434 OKEECHOBEE FL 34973-2434 US

3. Date Incorporated or Qualified: 11/06/1992
3a. Date of Last Report: 06/20/1996

2. Principal Place of Business
21: 803 W.S. Park Street
22: Suite, Apt. #, etc.
23: City & State: Okeechobee, Florida
24: Zip: 34974 25: Country: US

2a. Mailing Address
26: 803 W.S. Park Street
27: Suite, Apt. #, etc.
28: City & State: Okeechobee, Florida
29: Zip: 34974 30: Country: US

4. FEI Number: 65-0395308 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COOK, JOHN R
202 N.W. 5TH AVENUE
OKEECHOBEE FL 34972

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John Cook
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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	BYRD, JIMMY L		1.2 NAME	Akers, Charles L., JR	
STREET ADDRESS	109 N.W. 6TH STREET		1.3 STREET ADDRESS	3108 S.E. 21st Court	
CITY-ST-ZIP	OKEECHOBEE FL 34973		1.4 CITY-ST-ZIP	Okeechobee, FL. 34974-6331	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	TREXLER, JEFFREY M		2.2 NAME	Akers, Charles L. JR	
STREET ADDRESS	1006 CHEYENNE STREET WEST		2.3 STREET ADDRESS	3108 S.E 21st Court	
CITY-ST-ZIP	JUPITER FL 33458		2.4 CITY-ST-ZIP	Okeechobee, FL. 34974-6331	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	BYRD, SHERYL		3.2 NAME	Waldron, Rhonda L.	
STREET ADDRESS	109 N.W. 6TH STREET		3.3 STREET ADDRESS	8350 SW 9th Street	
CITY-ST-ZIP	OKEECHOBEE FL 34973		3.4 CITY-ST-ZIP	Okeechobee, FL. 34974	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	TREXLER, ROBIN		4.2 NAME	Waldron, Rhonda L.	
STREET ADDRESS	1006 CHEYENNE STREET WEST		4.3 STREET ADDRESS	8350 SW 9th Street	
CITY-ST-ZIP	JUPITER FL 33458		4.4 CITY-ST-ZIP	Okeechobee, FL. 34974	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Cook 4-21-97 941-467-0300