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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90009 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000006654

1. Corporation Name

HIDDEN COVE OUTDOOR RESORT, INC.

Principal Place of Business

BETHEL RD
ALLEY AL 35541
US

Mailing Address

5300 S FLORIDA AVE
P.O. BOX 5330
LAKELAND FL 33807
US

BUILDING E

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1993

4. FEI Number

59-3156201

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 owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

BURKEY, JOHN D
4309 FORREST DR.
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name BURKEY, JOHN D

82 Street Address (P.O. Box Number is Not Acceptable)

1400 GRASSLANDS BLVD #66

83

84 City LAKELAND

FL

85 Zip Code 33803

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

ST
NAME BURKEY, DEAN J
STREET ADDRESS 1423 S LINCOLN AVE
CITY-ST-ZIP LAKELAND FL

☐ DELETE

13. TITLE

P
NAME BURKEY, JOHN D
STREET ADDRESS 1400 GRASSLANDS BLVD, #66
CITY-ST-ZIP LAKELAND FL

☐ DELETE

14. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

15. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

16. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

17. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 607, 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:

JOHN D. BURKEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99
Date
(941) 648-5301
Daytime Phone #

CR2E034 (11/98)

0429832