

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
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 90029 001 ***158.75

DOCUMENT # **P95000082404**

1. Corporation Name
NATURE COAST INDUSTRIES, INC.

Principal Place of Business

500 G ST., UNIT 103
CEDAR KEY FL 32625

Mailing Address

PO BOX 910
CEDAR KEY FL 32625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

26 **317 NE 35th Avenue**

Suite, Apt. #, etc.

27

City & State

28 **Gainesville FL**

Zip

29 **32609**

Country

30 **USA**

3. Date Incorporated or Qualified

10/20/1995

4. FEI Number

59-3340290

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

9. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M
1 SE 1ST AVE.
GAINESVILLE FL 32601

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

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 ☐ DELETE

NAME **D GRIFFIS, AUBREY**
STREET ADDRESS **704 6TH ST.**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE ☐ DELETE

NAME **P DELAINO, WILLIAM E**
STREET ADDRESS **PO BOX 158 N/A**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE ☐ DELETE

NAME **ST OLDERMAN, RUSSELL**
STREET ADDRESS **PO BOX 267 N/A**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE ☐ DELETE

NAME **D OLDERMAN, DAVID**
STREET ADDRESS **40 COUNTRY RD. VILLAGE OF GOLF**
CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE ☐ DELETE

NAME **D WILLIAMS, THOMAS C**
STREET ADDRESS **401 CLINTON STREET**
CITY-ST-ZIP **DEFIANCE OH**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 ☐ 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 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 **REQUIRED**

4/27/99 352-372-2526

CR2E034 (11/98)