

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

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90011 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P95 0000 85961**

1. Corporation Name

**NATURE COAST GROUP, INC.**

Principal Place of Business

Mailing Address

**330 N. BLUFFWOODS TERRACE  
CRYSTAL RIVER, 34429**

**P.O. BOX 729  
LECANTO, 34460**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11 / 07 / 1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

**59-3344567**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAY, RICHARD I.  
330 N. BLUFFWOODS TERRACE  
CRYSTAL RIVER, FL 34429**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE

NAME **CLAY, JOCELYNE J.**  
STREET ADDRESS **330 N. BLUFFWOODS TERRACE**  
CITY-ST-ZIP **CRYSTAL RIVER, 34429**

TITLE **VS** ☐ DELETE

NAME **CLAY, RICHARD I.**  
STREET ADDRESS **330 N. BLUFFWOOD TERRACE**  
CITY-ST-ZIP **CRYSTAL RIVER, 34429**

TITLE **D** ☐ DELETE

NAME **CLAY, AARON M.**  
STREET ADDRESS **330 N. BLUFFWOOD TERRACE**  
CITY-ST-ZIP **CRYSTAL RIVER, 34429**

TITLE **D** ☐ DELETE

NAME **CLAY, GENEVIEVE S.**  
STREET ADDRESS **330 N. BLUFFWOOD TERRACE**  
CITY-ST-ZIP **CRYSTAL RIVER, 34429**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**RICHARD I CLAY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05 AUGUST 1999**  
Date

**352 795.6628**  
Daytime Phone #

CR2E034 (11/98)

**NATURE COAST GROUP**

CERTIFICATE No: AA 0002815  
E-mail: [ncg@hitter.net](mailto:ncg@hitter.net)

Post Office Box 729

Lecanto, FL 34460-0729

352 795-6628

Fax: 795-6851

ARCHITECTS • ENVIRONMENTAL PLANNERS • CONSTRUCTION CONSULTANTS • INSPECTIONS • SCHEDULING

05 August 1999

The Honorable Katherine Harris  
Secretary of State of Florida  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: 1999 Profit Corporation Annual Report  
Letter issued by Kristen Eckel, Ltr # 999A00036425

Dear Ms. Harris:

I have received from your Office the form titled 1999 Profit Corporation Annual Report.

Thank you for your response. I truly appreciate it.

The reason for requesting a waiver is that we did not receive any notification in the mail for 1999.

Enclosed is our check payable to 'Department of State' in the amount of \$ 150.00.

Thank you.

Sincerely,



**RICHARD CLAY**, R.A., CSI, Principal  
Florida Certificate No: 8746