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

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Zip

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003215 (6)

Country

g. Name and Address of Current Registered Agent

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4734 SW GARDENIA COURT

MACKENZIE, GEORGE

DUNNELLON FL 34431

NATURE COAST INVESTMENTS, INC. Mailing Address Principal Place of Business 4734 SW GARDENIA COURT 4734 SW GARDENIA COURT **DUNNELLON FL 34431 DUNNELLON FL 34431-4256** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 21 26 \$8.75 Additional Suite, Apl. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing

83 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.

Country

81 Name

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SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition DELETE 1.1 TITLE Change THE MACKENZIE, GEORGE 1.2 NAME NAME 4734 SW GARDENIA COURT STREET ADDRESS 1.3 STREET ADDRESS **DUNNELLON FL 34431** 1.4 CITY-ST-ZIP CITY - ST - ZIE Change Addition DELETE TITLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP Dily-SI-ZiP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CHY-ST 20 DELETE Change ___ Addition 51 THILE THLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST-ZE 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 1:11.1 800002186418 6.2 NAME NAME -05/21/97--01047--022 6 3 STREET ADDRESS STREET ADDRESS ***173.75 6.4 CITY-ST-ZIP

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:

FILED

May 09 1997 8:00am

Secretary of State

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Yes No

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Trust Fund Contribution

Florida Statutes

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

Applied For Not Applicable

Added to Fees

96/6)