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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Mar 04 1998 8:00am Secretary of State

	MENT # P960(NAME) VER RECREATION, INC.	00024820	(8)			
Principal Plac	e of Business	Mailing Address	•		(19011901 IIA IBHE AISIL SAIIT BEIIT AGIIT ASILA	1841 91884 38118 11841 9841 1891
P O BOX 114 P O BOX 114 LACOOCHEE FL 33537 LACOOCHEE FL 33537						
DAVOOUNEE	FL 93307	LACCOUNCE FE	99301		DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified	
2 Principal P	cipal Place of Business 2a, Mailing Address				03/20/1996 4. FEI Number	Applied Car
21	26		35		59-3367094	Applied For Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22					5. Certificate of Status Desired	Fee Required
⊢ `	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country		Trust Fund Contribution	Added to Fees
24	25	29	30	iiii y	8. This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible
67	9. Name and Address of Curr		[80]		10. Name and Address of New Registere	
NA'	TTRASS, JAMES E			81 Name		
39847 BURWELL RD				82 Street A	ddress (P.O. Box Number is Not Acceptable)	
LACOOCHEE FL 33537					· ,	\\\
				83		
				84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes.				pove-named c		
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida, Such chang	e was authorized	by the corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the appropriate the statement of the purpose or the statement of the purpose or the statement for the purpose or the statement of the purpose or the statement of the purpose or the purpose of the purpose or the purpose or the purpose or the purpose or the	ppointment as registered
SIGNATURE	m termilar with, and accept the ob	ingarions of obotion cor.s	ood, monda otat	U (US.		
	Signature, typed or printed name of registered			i Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS DELETE		13. ETE 1,1 TO	, <u> </u>	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12 Change Addition
NAME	NATTRASS, SUE L		1.1 NA			Cloude Clyddinin 14
STREET ADDRESS	39847 BURWELL RD			REET ADDRESS		Į į
CITY-ST-ZIP	LACOOCHE FL 33537			TY-ST-ZIP	•	ָבֶּ
TITLE	VP □ DELETE					☐ Change ☐ Addition C
NAME	NATTRASS, JAMES E		2.2 NA	ME		
STREET ADDRESS	39847 BURWELL RD		2.3 ST	reet address		
CITY-ST-ZIP	LACOOCHE FL 33537	T pri		TY-ST-ZIP		I Channe I Addition
TITLE NAME		DEL	3.1 T/T 3.2 NA			☐ Change ☐ Addition
STREET ADDRESS				reet address		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE	<u>-</u>	☐ DEL		+-		☐ Change ☐ Addition
NAME			4. 2 N/	AME .		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DEL				Change Addition
NAME OTDEET ADODESC			5.2 NA			
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP		
TITLE	_ :	☐ DEL			***************************************	Change Addition
NAME			6.2 NA			
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
44 Lhorahy a	artifu that the information cumplind	with this filing done not a	ualifu for the ava	motion stated	in Section 110 07/3\(\text{i}\) Elevida Statutan I further of	partiful that the information

Thereby 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 informatic 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.