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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066331 (5)

NATURE COAST MAINTENANCE COMPANY, INC.

Principal Place of Business

Mailing Address

FILED Jan 22 1997 8:00am Secretary of State



605 SOUTH BROAD STREET, STE. ONE BROOKSVILLE FL 34601		605 SOUTH BROAD STREET, STE. ONE BROOKSVILLE FL 34601-2862				
				3. Date Incorporated or Qualified 08/08/1996	3a. Date of Last	Report
	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 \	V. Main Street		ain Street	59-3394412		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	1 1 ' "	\$8.75 Additional Fee Required	
City & State			,FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3460		⁷ 9 34601	30 US		.Yes No	s. 199.032,
DU/C	9, Name and Address of Curre	nt Registered Agent	. 81 Name	10. Name and Address of New Re	gistered Agent	
BUU	CKNER, ROBERT A SOUTH BROAD STREET, STE.	ONE IN Al Maid	St. Illiame	St. Name		
000	OKSVILLE FL 34601	OHE . At source.	82 Street A	ddress (P.O. Box Number is Not Acceptat	ole)	
DNU	ONSVILLE PE 34001		83			
			84 City		FL 85 Z	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607, 1508, Florida Statut	es, the above-named	corporation submits this statement for the p		its registered
affice or r	registered agent, or both, in the Stat im familiar with, and accept the oblid	e of Florida. Such change was a	authorized by the corp	oration's board of directors. I hereby acce	pt the appointment	as registered
	in ramilar with and accept the obig	gano is or, sociloit por boos, ric	orida otatutes.			
SIGNATURE.	Stgrature, typed or printed name of registered ap	gent and the if applicante (NOT	t' Registered Agent signature i	required when reinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Chang	e 🔲 Addition
NAME	BUCKNER, ROBERT A		1.2 NAME			
STREET ADDRESS	204 JUNE MAR LANE		1.3 STREET ADDRESS			
CITY - ST - ZIP	BROOKSVILLE FL 34601		1.4 CITY-S1-7iP			
TITLE		☐ DELETE	2.1 TITLE		Changi	e 🔲 Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - \$1 - 71P			2. 4 CITY-ST-ZIP			
TITLE		L DELETE	3.1 TITLE		Chang	e 🔲 Addition
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
CHTY - ST - ZIP		T printe	34. CHY-ST-ZIP			
THLE		☐ DELETE	4 1 TITLE		L. Chang	e L. Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY: ST-Z-P		DELETE	4.4 C(TY - ST - Z)P		Choose	a Addition
TILE		☐ nergig	51 TITLE		☐ Chang	e L Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-ST-ZIP		There is	5.4 CITY - ST - ZIP			A Addition
TITLE		DELETE	6.1 TITLE		☐ Chang	e
NAME:			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP	1		64 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