

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S94508** (6)  
1. Corporation Name  
**CONSERVATION CORPORATION OF FLORIDA**

Principal Place of Business

2909 BAY TO BAY BLVD.  
410  
TAMPA FL 33629  
US

Mailing Address

2909 BAY TO BAY BLVD.  
410  
TAMPA FL 33629  
US

FILED  
Oct 14 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1209 W BRANDON BLVD**

Suite, Apt. #, etc. **SUITE 101**

22 **BRANDON BLVD**

City & State **BRANDON FLA**

23 **BRANDON FLA**

Zip **33511**

Country **USA**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

**11/15/1991**

4. FEI Number

**59-3111332**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**GUTHY, ROBERT**  
**3047 WISTER CIRCLE**  
**VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name

**Care Guthy**

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

**3047 Wister Circle**

83

84 City

**Valrico**

**FL**

85 Zip Code

**33594**

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 **X Care Guthy**

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 **P** ☒ DELETE

NAME **GUTHY, ROBERT**

STREET ADDRESS **3047 WISTER CIR**

CITY-ST-ZIP **VALRICO FL 33594**

TITLE **VP** ☒ DELETE

NAME **GUTHY, JOHN SR**

STREET ADDRESS **815 LILLIAN LANE**

CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition

1.2 NAME **Care Guthy**

1.3 STREET ADDRESS **3047 Wister Circle**

1.4 CITY-ST-ZIP **Valrico, FL 33594**

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.

SIGNATURE: **X Care Guthy**

**Care Guthy**

**9/25**

**813-685-5322**

CR2E034 (5/98)