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FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V31586 (3)
1. Corporation Name
MYRTLE SLOUGH CANAL MANAGEMENT CORPORATION

Principal Place of Business

ROUTE 2, BOX 1210
CLEWISTON FL 33440

Mailing Address

ROUTE 2, BOX 1210
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1992

4. FEI Number

65-0402845

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SMITH, RICHARD C.
201 S BISCAYNE BLVD
SUITE 3200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

CAREY Soud

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

ROUTE 2 BOX 1210

83

84 City

CLEWISTON

FL

85 Zip Code
33440

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

Carey Soud
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-7-98

DATE

12. OFFICERS AND DIRECTORS

TITLE DPC
NAME HANCOCK, WILLIAM R J
STREET ADDRESS RT 2 BOX 1210
CITY- ST- ZIP CLEWISTON FL ☒ DELETE

TITLE PD
NAME SLANE, MARK R.
STREET ADDRESS C/O THE BANK OF NY, ONE WALL ST
CITY- ST- ZIP NEW YORK NY ☒ DELETE

TITLE T
NAME SCRAGG, WILLIAM M.
STREET ADDRESS C/O THE BANK OF NY, ONE WALL ST
CITY- ST- ZIP NEW YORK NY ☒ DELETE

TITLE S
NAME MCSWIGGAN, JACQUELINE R.
STREET ADDRESS C/O THE BANK OF NY, ONE WALL ST
CITY- ST- ZIP NEW YORK NY ☒ DELETE

TITLE VP
NAME DESALVIO, EDWARD J.
STREET ADDRESS C/O THE BANK OF NY, ONE WALL ST
CITY- ST- ZIP NEW YORK NY ☒ DELETE

TITLE VP
NAME LAZAR, DAN S.
STREET ADDRESS C/O THE BANK OF NY, ONE WALL ST
CITY- ST- ZIP NEW YORK NY ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPC ☐ Change ☒ Addition
1.2 NAME F. James Becher, JR.
1.3 STREET ADDRESS Rt. 2 Box 1210
1.4 CITY- ST- ZIP Clewiston, FL 33440

2.1 TITLE DT ☐ Change ☒ Addition
2.2 NAME Ronald Stanley JR.
2.3 STREET ADDRESS Rt. 2 Box 1210
2.4 CITY- ST- ZIP Clewiston, FL 33440

3.1 TITLE DS ☐ Change ☒ Addition
3.2 NAME CAREY Soud
3.3 STREET ADDRESS Rt. 2 Box 1210
3.4 CITY- ST- ZIP Clewiston, FL 33440

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

Carey Soud - CAREY Soud

1-7-98

941 982 2135

CR2E034 (10/97)