1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700004322

HABITATS FOR CRITTERS & PEOPLE & PLANTS, INC.

Principal Place of Business
940 NW 5TH TER
CRYSTAL RIVER FL 34428

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

940 NW 5TH TER CRYSTAL RIVER FL 34428

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Feb 20, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

07/28/1997

APPLIED FOR

5. Certificate of Status Desired

4. FEI Number

23		28									equired
Zip	Country	Zip		Country		6.	. Election Camp		П	•	May Be
24	25	29	30		·	i	Trust Fund Co				to Fees
	9. Name and Address of Curren	t Registered Age	nt			10.	Name and A	dress of New	Registered A	\gent	
				81	Name				•		
MUTCH, S	SAMUEL A			82	Street Add	ddress (I	P.O. Box Numb	er is Not Accept	table)		
726 NW 8TH AVE								•	<u> </u>		
GAINESVILLE FL 32601											
				84	City					85 Zip	Code
				["	City				FL	63 24	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered ager	at and title if populable	/NOTE: Pegie	tared Agen	signature requir	uined when	reinstation)		DATE		
12.		D DIRECTORS		13.	organica redum			IANGES TO OF		DIRECTO	ORS IN 12
TITLE	D		DELETE	1.1 TITLE						Change	☐ Addition
NAME	SPIVEY, HELEN].	1.2 NAME							
STREET ADDRESS	940 NW 5TH TER			1.3 STREET	ADDRESS						
CITY-ST-ZIP	CRYSTAL RIVER FL 34428			1,4 CITY-ST	-ZIP						
TITLE	D		1	2.1 TITLE						☐ Change	☐ Addition
NAME	BRIGGS, RICHARD C		:	2.2 NAME							
STREET ADDRESS	10 N COUNTRY CLUB DRIVE			2.3 STREET	ADDRESS						
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		:	2. 4 CITY-S	r-ZIP						
TITLE	DST	C	DELETE :	3.1 TITLE						☐ Change	☐ Addition
NAME	MUTCH, SAMUEL A			3.2 NAME	İ						
STREET ADDRESS	726 NW 8TH AVE		1	3.3 STREET	ADDRESS						
CITY-ST-ZIP	GAINESVILLE FL 32601		3	3.4. CITY-S1	r-ZIP						
TITLE			DELETE 4	1.1 TITLE						☐ Change	☐ Addition
NAME			4	1. 2 NAME							,
STREET ADDRESS			4	4.3 STREET	ADDRESS						
CITY-ST-ZIP			4	4.4 CITY-ST	-ZIP						
TITLE			DELETE 5	5.1 TITLE						☐ Change	☐ Addition
NAME			•	5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS			•			
C/TY-ST-Z∳P				5.4 CITY-ST	-ZIP				<u> -</u>		- ·
TITLE			1 0	S.1 TITLE						☐ Change	Addition
NAME			€	3.2 NAME]
STREET ADDRESS				3.3 STREET	ADDRESS						
CITY-ST-ZIP				6.4 CITY-ST							
14. I hereby o	ertify that the information supplied wit	h this filing does n	ot qualify for the	evemntic	on etated in	n Section	n 119 07/3\/i) E	Inrida Statutes	I further certi	fy that the	information

indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes, Flurther 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 register or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable