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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **258983**

1. Corporation Name
PERSONAL INVESTMENTS INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 6558 DOG TRACK RD
 INTERSECTION HWY 79 & HWY 20
 EBRO FL 32437
 US

Mailing Address
 6558 DOG TRACK RD
 INTERSECTION HWY 79 & HWY 20
 EBRO FL 32437
 US

3. Date Incorporated or Qualified

05/14/1962

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-1162937

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVARES, PAUL
 INTERSECTION HIGHWAY 79 & HIGHWAY 20
 EBRO FL

81 Name

Stockton R. Hess

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

6512 Dog Track Rd.

83

84 City **Ebro**

FL

85 Zip Code **32437**

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

4/6/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** DELETE
 NAME **HESS, STOCKTON R**
 STREET ADDRESS **6512 DOG TRACK RD**
 CITY-ST-ZIP **EBRO FL 32437**

1.1 TITLE **PD** Change Addition
 1.2 NAME **Stockton R. Hess**
 1.3 STREET ADDRESS **6512 Dog Track Rd.**
 1.4 CITY-ST-ZIP **Ebro, FL 32437**

TITLE **SD** DELETE
 NAME **HESS, HARRY L**
 STREET ADDRESS **6558 DOG TRACK RD**
 CITY-ST-ZIP **EBRO FL 32437**

2.1 TITLE **VPD** Change Addition
 2.2 NAME **Paulette Austin**
 2.3 STREET ADDRESS **9531 Electric Ave.**
 2.4 CITY-ST-ZIP **Thonotosassa, FL 33592**

TITLE **TD** DELETE
 NAME **HARRY L. HESS**
 STREET ADDRESS **BOX 111 N/A**
 CITY-ST-ZIP **EBRO FL**

3.1 TITLE **TD** Change Addition
 3.2 NAME **Margaret G. Hess**
 3.3 STREET ADDRESS **10102 Woodsong Way**
 3.4 CITY-ST-ZIP **Tampa, FL 33618**

TITLE **D** DELETE
 NAME **HATER, ROBERT E. II**
 STREET ADDRESS **1330 NEEB ROAD**
 CITY-ST-ZIP **CINCINNATI OH**

4.1 TITLE **D** Change Addition
 4.2 NAME **Craig R. Stevens**
 4.3 STREET ADDRESS **3181 Crystal Lake Dr.**
 4.4 CITY-ST-ZIP **Chipley, FL 32428**

TITLE **D** DELETE
 NAME **HATER, JOHN M.**
 STREET ADDRESS **11508 TRASK S.**
 CITY-ST-ZIP **TAMPA FL**

5.1 TITLE **D** Change Addition
 5.2 NAME **Linda M. Bradley**
 5.3 STREET ADDRESS **9917 Birch Terrace**
 5.4 CITY-ST-ZIP **Charlevoix, MI 49720**

TITLE **D** DELETE
 NAME **HESS, MARGARET G**
 STREET ADDRESS **10102 WOODSONG WAY**
 CITY-ST-ZIP **TAMPA FL 33618**

6.1 TITLE **D** Change Addition
 6.2 NAME **Bryan L. Hess**
 6.3 STREET ADDRESS **10102 Woodsong Way**
 6.4 CITY-ST-ZIP **Tampa, FL 33618**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/6/99

850-234-3943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)