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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90020 008 \*\*\*550.00

DOCU	MENT # 259720			<u></u>	
1. Corporation Mattie					
JAMES I	1. PRUITT REAL ESTATE IN	U		4 1881 B (1881 B) (18 18 18 18 18 18 18 18 18 18 18 18 18 1	
Principal Place		Mailing Address			
10 S. HARBOR CITY BLVD. 10 S. HARBOR CITY BLVD.					
MELBOURNE FI	L 329U1	MELBOURNE FL 32901		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	
]				05/09/1962	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1000937	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27	<u></u>		Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zìp	Country	Zip	Country	8. This corporation owes the current year In	ntangible ☐ Yes ☐ No
24	25	<del></del> <del></del> <del>-</del>	80	Personal Property Tax.  10. Name and Address of New Registered	
9. Name and Address of Current Registered Agent  81 Na				IV. Name and Address of New Rogisterio	J Agent
PRUITT, JAMES H					
20 E BREVARD AVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32935			83		
			84 City	F	85 Zip Code
11 Pureuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statute	the above-ламеd corp	oration submits this statement for the purpose of	of changing its registered
! office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
1	m familiar with, and accept the obligati	ions of, Section 607.0303, Fiori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRUITT, JAMES H		1.2 NAME		
STREET ADDRESS	10 S. HARBOR CITY BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME.	PRUITT, HERBERT T		2.2 NAME		
STREET ADDRESS	10 S HARBOR CITY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRUITT,MARY A		3.2 NAME		
STREET ADDRESS	10 S. HARBOR CITY BLVD.		3.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MELBOURNE FL		3 4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ OELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		[] DEFEIG	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADORESS			5.4 CITY-ST-ZIP		1
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
TITLE		[ PETEL	6.2 NAME		
NAME CORRECT APPRECE	•		6 3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-ZIP			5.7 Q1.7 Q1		

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 at on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/95 407-723-114)

CR2F034 (11/9