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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 814825**

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90136 046 \*\*\*158.75

PICERNE DEVEL	OPMENT CORPORATION	n of Georgia							
Principal Place of Busine	ss N	Mailing Address				i indimi chini stati qindi fatin		,,,,,, wimi, #1#1 <b>] U</b> l	(214 B184) (\$\$)
577 MULBERRY ST. P.O. BOX 779 MACON GA 31202-0779 MACON GA 31202-0779						DO NOT WE	RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife	<del></del>		
í						10/27/1960			
2. Principal Place of Bus	iness 2a	a. Mailing Address				4. FEI Number		Арр	olied For
21	26					58-0684378			Applicable
Suite, Apt. #, etc.	27.	Suite, Apt. #, etc.		- <u>-</u>		5. Certifcate of Status Desired	×	\$8.75 A Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	
23	28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip ¬	Countr	У		8. This corporation owes the cu	rrent year In		□No
24	25 29		30			Personal Property Tax.  D. Name and Address of New	Penistered		LINO
9. Nam	e and Address of Current Reg	istered Agent	8	1 Name	1	U. Name and Address of New	Registered	Agent	_
FLECK, JOHN	P JR.		Ľ						_
1103 9TH AVI			82	2 Street	Address	(P.O. Box Number is Not Accept	itable)		
BRADENTON			83	3		····			_
			["						
l i			84	4 City			FL	85 Zip C	Code
office or registered a	isions of Sections 607.0502 and gent, or both, in the State of Flor with, and accept the obligations of	rida. Such change was	authorized by	y the comp	corporat oration's	tion submits this statement for the board of directors. I hereby acc	e purpose o ept the appo	t changing its intment as reg	gistered
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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 chapter 607 and attachment with an address, with all other like empowered.

SIGNATURE

RE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Jones

7/199 (912)738-0085

Daytime Phone #

32E034 (11/98)