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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # H27674



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90071 008 ***150.00



JC MAC	HINE, INC.										
				•			0113 11611 18 310 63111 18611 8131	Diali dibil di			
Principal Place	e of Business	Mailing Address									
PO BOX 5027 PO BOX 5027 LAKELAND FL 33807 LAKELAND FL 33807						DO NOT WRITE IN THIS SPACE					
						3. Date Incom	orated or Qualifed				ļ
	•					10/26/19					ľ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			App	olied For	
21 26						59-24588	118		Not	Applicable	ĺ
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					_	5. Certifcate of	Status Desired	\$	8.75 A Fee Red	dditional quired	
City & Stat		City & State				6. Election Car	mpaign Financing	· - -	5.00	Mav Be -	-
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Zip	Country	Zip	Coun	itry			ation owes the current ye				
24	25	29	30			Personal Pr		<u> </u>		□ио	ł
ļ	9. Name and Address of Current	Registered Agent		81 N	Name	10. Name and	Address of New Regist	erea Ager	nt		1
CRE	ASY, JOHN		[יו ויט	Name						
350 BRANNEN ROAD LAKELAND FL 33803			[1	82 S	Street Addres	ss (P.O. Box Nun	ber is Not Acceptable)		.,		
			ļ _i	83							
	,		. l	84 (· · · · · · · · · · · · · · · · · · ·	. 85	Zip C	ode:	-
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					•			FL			
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was a	uthorized I	by the	e corporation	ration submits this i's board of direct	ors. I hereby accept the	appointme	nt as reg	jistered	
SIGNATURE		•	_			uban reinstation\		TF			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A		gnature required		DA CHANGES TO OFFICER		RECTO	RS IN 12	}
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	_	Agent sig	gnature required		DA CHANGES TO OFFICER	RS AND DI	RECTOI Change	RS IN 12	30,75
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registered A	Agent sig LE	gnature required			RS AND DI			44,000
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: