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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J11248

DAY CREEK CORPORATION

Principal Place of Business Mailing Address					E 100(1)0 DEC 1(40) 1(00) 1(00) 10() CIDS! 10() DIC!! CID!! G(D!! G(D!! DIC!! DIC!! DIC!! DIC!! DIC!! DIC!!	
% GEORGE A.		GEORGE A MORRIS MD				•
1011 JEFFORDS STREET SUITE C 1011 JEFFORDS ST ST C CLEARWATER FL 34616-4023 CLEARWATER FL 34616		;		DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed	
. 00		00			04/25/1986	
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number Applied For	┨"
21		26			59-2675929 Not Applicable	,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	7
22		27			5. Certificate of Status Desired Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing S5.00 May Be	7
23		28			Trust Fund Contribution Added to Fees	_].
Zip	Country	Zip	Co	intry	8. This corporation owes the current year Intangible	
24	25	29	30	,	Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent		041 11	10. Name and Address of New Registered Agent	_
PAVI	MOND, J. PAUL			81 Name		
400 CLEVELAND ST.				82 Street Add	ress (P.O. Box Number is Not Acceptable)	_
	ARWATER FL 33515			83	يونهاي و الإنتاج و الموجه و الموجه و المحتجود و المحتجود المحتجود المحتجود المحتجود المحتجود المحتجود المحتجود الواقع والمحتجود الإنتاج المحتجود	-
OLL:	***************************************			83	- 以為學話學的意思的問題的問題的	
		4		84 City	85 Zip Code	
11 Pursuant	to the provisions of Sections 607 050	02 and 607 1508 Florida Stati	ites the s	hove-named com	poration submits this statement for the purpose of changing its registered	-}
office or r	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change was	authorize	by the corporati	on's board of directors. I hereby accept the appointment as registered	}
244	mi ramiliar with, and accept the obliga	ations of, Section 607,0303, Fi	onua Siai	utes.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	E: Registered	Agent signature require	ad when reinstating) DATE	Ì
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1 2
TITLE	PD				ADDITIONS OF AND DIRECTORS IN 12	<u>و</u> و
NAME	LIARDIA AFARAE	☐ DELETE	1.1 T	TLE	Change Addition	11,00)
	MORRIS, GEORGE	☐ DELETE	1.1 TI 1.2 N			1 1 100)
STREET ADDRESS	1011 JEFFORDS ST	☐ DELETE	1,2 N			- - - - - - - - - -
STREET ADDRESS CITY-ST-ZIP	1011 JEFFORDS ST CLEARWATER FL	_	1.2 N 1.3 S	AME	Change ☐ Additio	DOEGO 4 /
	1011 JEFFORDS ST CLEARWATER FL VST	☐ DELETE	1.2 N 1.3 S	AME TREET ADDRESS TY-ST-ZIP	Change ☐ Additio	DOEGO 4 /
CITY-ST-ZIP	1011 JEFFORDS ST CLEARWATER FL VST WILLIAMS, FRANK	_	1.2 N 1.3 S 1.4 C	AME TREET ADDRESS TY-ST-ZIP TLE	Change ☐ Additio	DOEGO 4 /
CITY-ST-ZIP TITLE	1011 JEFFORDS ST CLEARWATER FL VST WILLIAMS, FRANK 1211 REYNOLDS AVE	_	1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	AME TREET ADDRESS TY-ST-ZIP TLE	Change ☐ Additio	DOEGO 4 /
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1011 JEFFORDS ST CLEARWATER FL VST WILLIAMS, FRANK 1211 REYNOLDS AVE CLEARWATER FL	☐ DELETE	1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	AME TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP	☐ Change ☐ Additio) c
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1011 JEFFORDS ST CLEARWATER FL VST WILLIAMS, FRANK 1211 REYNOLDS AVE CLEARWATER FL D WILLIAMS, FRANK 1211 REYNOLDS AVE CLEARWATER FL	☐ DELETE	12 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C	AME IREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP	Change Additio) recolled
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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 suppliemental 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 rustice 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 or a attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

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