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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # J70951

READY FREDDY, INC.

Apr 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State **DIVISION OF CORPORATIONS** 04-22-1999 90223 031 ***158.75

Principal Place of Business Mailing Address						I I MONTHE MEI'N EMBLE ANDIEM SOLDE CHARL MINER	BISTA BASTA SISTA SA	6)1 8181) 1801
120 E HOWARD ST		120 E HOWARD ST						
P O BOX 1545		P O BOX 1545				DO NOT WRITE IN THIS SPACE		
LIVE OAK FL 3	2046	US US	LIVE OAK FL 32064			3. Date Incorporated or Qualified		
00		00				06/01/1987		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21		26	-			59-2808032	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	dditional
22		27				5. Certificate of Status Desired	Fee Red	quired
City & State		City & Sta	City & State			6. Election Campaign Financing	\$5.00	-
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	, ' — '			8. This corporation owes the current year Ir		K161-
24	25	29		30		Personal Property Tax.		No
	9. Name and Address of Currer	it Registered Agei	nt	81	Name	10. Name and Address of New Registered	Agent	
CRA	PPS, JOHN MORGAN			8'	INGILIE			
	DOWLING AVE, #B		82 Street Add			dress (P.O. Box Number is Not Acceptable)		
	BOX 1545			83	<u> </u>			
	OAK FL 32064			0.5				
	0.41.12.0200.			84	City	· Fi	85 Zip C	ode
44 Dumuent	to the expulsions of Sections 607 050	12 and 607 1508 E	orida Statutos	the above	-named co	moration submits this statement for the purpose of	f changing its i	registered
office or r	registered agent, or both, in the State	of Florida. Such ch	ange was aut	horized by	the corpora	tion's board of directors. I hereby accept the appoint	intment as reg	istered
agent. I a	m familiar with, and accept the obliga	itions of, Section 60)7.0505, FIORIC	da Statutes	•			f
SIGNATURE	Signature, typed or printed name of registered age	of and title if applicable	(NOTE: R	Registered Agen	it signature regu	tred when reinstating) DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	CRAPPS, JOHN MORGAN			1.2 NAME				
STREET ADDRESS	404 500471040 41/5 4/5			1.3 STREET	ADDRESS			
CITY-ST-ZIP	LIVE OAK FL			1.4 CITY-S	T- ZIP			
TITLE	TS	Ĺ] DELETE	2.1 TITLE			Change	☐ Addition
NAME	BUZBEE, SHANNON LEE			2.2 NAME				ł
STREET ADDRESS	11057 111TH RD			2.3 STREET	ADDRESS	- -		
CITY-ST-ZIP	LIVE OAK FL			2. 4 CITY-S	T-ZIP			
TITLE] DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME				•
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY- S	T-ZIP			
IIπE] DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			1
CITY-ST-ZIP			DELETE	4.4 CITY-S	T-ZIP		Change	□ Addition
TITLE		4.] DELETE	5.1 TITLE	1		Change	☐ Addition
NAME	1			5.2 NAME	T ADDDECO			
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP,				5.4 CITY-S	1.715			
TITLE ,		C-	INCICTO	61 TITLE			Change	[[Addition /
			DELETE	6.1 TITLE			Change	Addition (
NAME ;	N. C.] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET	r ADDRESS		Change	Addition

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 15 if charged, or open attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

C/TY-ST-ZIP

6.4 CITY-ST-ZIP