PROFIT CORPORATION ANNUAL REPORT 1999---



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATION:

DOCUMENT # K32353 1. Corporation Name ALL SEASONS INC.

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Mar 22,	1999	8:00	am
Secreta			
	-		

03-22-1999 90114 034 ***150.00

, ALL SEASONS, INC.				
Principal Place of Business	Mailing Address	<u></u> -	, 1000000000000000000000000000000000000	
6302 MANATEE AVE W	NATEE AVE W PO BOX 14453			
SUITE D BRADENTON FL 34280				
BRADENTON FL 34209			DO NOT WRITE IN THIS SPACE	
US			3. Date incorporated or Qualifed 09/02/1988	
2. Principal Place of Business	2a. Mailing Address			lied For
21	26		26-5391016 Not	Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Req	
22 City & State	27 City & State		-6Election Campaign Financing \$5.00 A	Jay Ba
	⊢ `		Trust Fund Contribution Added to	
23	28	Country	8, This corporation owes the current year intangible	
Zip Country	L Zip	¬ · · · · · · · · · · · · · · · · · · ·		ו סא⊡
24 25	29 30	<u> </u>	10. Name and Address of New Registered Agent	
19. Name and Address of Current	Registered Agent	94 Name	10, realite and Address of real registered Agent	
HOOL FRANCE		81 Name	D WYETTER	
LISSH, ERNIE C.		82 Street Addre	*** (P O Boy Number is Not Acceptable)	1
1732 MANATEE AVENUE WEST		40	06 - Thirteenth Street We	5
-BRADENTON FL 34205		83		- {
<i>!</i>				
<i>\</i>		84 City D.	radenton FL 85 ZIP Co	2.05
A 10 0000	1 227 4500 FILLS STATE	the above comed come	metion submits this statement for the number of changing its 0	edistared :
11. Pursuant to the provisions of Sections 607.0002 office or registered agent, or both, in the State of	z ang 607. ISOS Florida Statutes, of Plorida, Sucrychance was auth	norized by the corporation	oration submits this statement for the purpose of changing its not board of directors. I hereby accept the appointment as regi	istered
agent. I am familiar with, and accept the obligat	igns of Section 607.0505, Florida	a Statutes.	4/1/99	j
SIGNATURE TO MAL SULL	100X		//1/99	
Signature, typodiec printed name of registered agent	and the V applicable. (NOTE: Re	gistared Agent signature required		
12. OFFICERS AY	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	CRZE034. (11/98)
TITLE PD (/	☐ DELETÉ	1.1 TITLE	Change	□ Accinon 云
NAME COWHERD, ALAN R.		1.2 NAME	·	85
STREET ADDRESS 1001 71ST ST, N.W.		1.3 STREET ADDRESS		18
DOLOGE WALL	:	1.4 CITY-ST-ZIP	•	22
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NAME	·	6.2 NAME		1 .
1		6.3 STREET ADDRESS		
STREET ADDRESS				1
CITY-ST-ZIP		6.4 CITY-ST-ZP	ection 119.07(3)(i), Florida Statutes. I further certify that the inf	formation
 14. I nereby certify that the information supplied will 	n unus tuung ocoes not quality tor th	io evaluibilini) anviad ju 20	CLOSE TO UT (UNI), FIDENCE CHEMICS, I INTO O COMP that he was	

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 eath; 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, Fiorida 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.

SIGNATURE:

SIDE AT JOHN DE LINE DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR