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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90172 050 ***150.00

DOCUMENT	#	K991	70
1. Corporation Name			. •

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Zip	23		28				Trust F	und Contribu	ition	<u> </u>	Added	to Fees
## HOLLINGSWORTH, GEORGE R II ## 499 N SR 434 SUITE 2179 **ALTAMONTE SPRINGS FL 32714 **THE DV **NAME **OFFICERS AND DIRECTORS **STREET ADDRESS** **OFFICERS**	Zip	Country	Zip	Country	,	8.		-		ent year li		_
HOLLINGSWORTH, GEORGE R II 499 N SR 434 SUITE 2179 SUITE 2179 ALTAMONTE SPRINGS FL 32714 11. Pursuant to the provisions of Section 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant as registered agent, or both, the State of Florida. Such change was authorized by the corporation submits this statement for the pursuant as registered office or registered agent, or both, the State of Florida. Such change was authorized by the corporation submits this statement for the pursuant as registered office or registered agent, or both, the State of Florida. Such change was authorized by the corporation submits this statement for the pursuant as registered office or registered office or registered agent, or both, the State of Florida. Such change was authorized by the corporation submits this statement for the pursuant registered office or registered office or registered agent, or both, the State of Florida. Such change was authorized by the corporation submits this statement for the pursuant registered office or registered office or registered agent, or both, the State of Florida. Such change was authorized by the corporation submits this statement for the pursuant registered office or registered or registered of directors. I hereby accept the appointment as registered office or registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered office or registered office or registered office or registered of directors. I hereby accept the appointment as registered office or registered of directors. I hereby accept the appointment as registered office or registered office or registered office or registered or registered or registered or registered or registered or registered	24	25	29	30								L]No
HOLLINGSWORTH, GEORGE R II 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 30 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME MOORE, B. J. 1 TITLE DP		9. Name and Address of Current	Registered Agent				. Name	and Addres	s of New R	legistere	d Agent	
499 N SR 434 SUITE 2179 SUITE 2179 ALTAMONTE SPRINGS FL 32714 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the poligations of, Section 607.9505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, 1 am familiar with, and accept the obligations of, Section 607.9505, Florida Statutes, Statut	HOI	LINGSWODTH GEODGE DII		81	Name	•						ĺ
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ALTAMONTE SPRINGS FL 32714 84 City					<u></u>						<u> </u>	
Section Sections				83								
11. Pursuant to the provisions of Sections 607 (502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS [N 12] 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP	ALIA	AMONTE SPRINGS PL 32/14		RA.	City	•					85 Zip	Code
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Agent. I am familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applications. (NOTE: Registrated Agent signature required when rehistating) DP OP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME NOORE, B. J. STREET ADDRESS ALTAMONTE SPRINGS FL 14. OFFY-ST-ZIP NAME GARNER, JOHN MICHAEL STREET ADDRESS ALTAMONTE SPRINGS FL 22. NAME ALTAMONTE SPRINGS FL 22. NAME ALTAMONTE SPRINGS FL 22. NAME ALTAMONTE SPRINGS FL 24. OFFY-ST-ZIP NAME HOLLINGSWORTH, GEORGE R II 32. NAME STREET ADDRESS ALTAMONTE SPRINGS FL 42. NAME 49. N. STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP HOLLINGSWORTH, GEORGE R II 32. NAME 42. NAME 43. STREET ADDRESS ALTAMONTE SPRINGS FL 44. OFFY-ST-ZIP ALTAMONTE SPRINGS FL 44. OFFY-ST-ZIP ALTAMONTE SPRINGS FL 45. NAME 45. NAME 46. NT-ST-ZIP ALTAMONTE SPRINGS FL 46. OFFICERS AND DIRECTORS IN 12 Addition Addition Change Addition Addition Addition Addition Addition Addition AMME STREET ADDRESS ALTAMONTE SPRINGS FL 45. NAME 46. NT-ST-ZIP ALTAMONTE SPRINGS FL 46. OFFICER AND RESS ACITY-ST-ZIP ALTAMONTE SPRINGS FL 46. OFFICER AND RESS ACITY-ST-ZIP ACITY-ST-ZIP ACITY-ST-ZIP ACITY ST-ZIP	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above	e-named	corporatio	n submi	s this statem	ent for the	purpose o	of changing its	s registered
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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 of 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 one attachment with all other like empowered.

SIGNATURE: