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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 175663

CANNADY BROTHERS, INC.

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90031 023 ***150.00



									#	1 8 1	
Principal Place	of Business	Mailing Address				(1831) (1831) (1831)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8655 PHILLIPS I	HWY.		- 8655 PHILLIPS HWY.								
JACKSONVILLE		JACKSONVILLE FL 32256				DO NOT WRIT	DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							05/22/1990	·			
2. Principal Place of Business			2a. Mailing Address				4, FEI Number		. Apr	plied For	
21			26				59-3012555			t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A		
22			27				•		Fee Re	<u>`-</u> -	
City & State	9		City & State				6. Election Campaign Financing	□· .	\$5.00		
23		28				Trust Fund Contribution		Added to	o Fees		
Zip		untry	Zip	Cou	itry		8. This corporation owes the curre	nt year Inta		□No	
24	25		29	30			Personal Property Tax. 10. Name and Address of New Re	aletorod (LINO .	
	9. Name and A	dress of Current F	Registered Agent		81	Name	10. Name and Address of New K	:gistereu r	(gent		
CAN	NADV ANDV	a a sabab			١,	Name					
CANNADY, ANDY 8655 PHILLIPS HWY.			82			2 Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 322		256			83						
JACI	ASOMVILLE FE SE	230			63			, ·		615 (1) 11.51 (1)	
.*					84	City		FL	85 Zip C	Code	
44 Burguant	to the provisions of	Sections 607 0502 a	and 607 1508. Florida Statut	es, the at	ove	-named co	rporation submits this statement for the		changing its	registered	
office or re	egistered agent, or m familiar with, and	ooth, in the State of accept the obligation	Florida. Such change was ans of, Section 607.0505, Flo	uthorized rida Statu	by t	the corpora	rporation submits this statement for the attion's board of directors. I hereby accept	the appoin	tment as reg	gistered	
SIGNATURE							·				
OIOWATORE .	Signature, typed or printed	ame of registered agent and title if applicable. (NOTE: Registered Agent sign			signature requ	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition	
TITLE	ST		☐ DELÉTÉ	1.1 717		}					
NAME	MANNING, COM			1.2 NA		1				1	
STREET ADDRESS	8655 PHILLIPS					ADDRESS					
CITY-ST-ZIP	JACKSONVILLE	FL 32256	D DELETE	1.4 CI		-ZIP			Change	Addition	
TITLE	Р		☐ DELETE	2.1 TII					□ change		
NAME	CANNADY, AND			2.2 NA			,			ĺ	
STREET ADDRESS	8655 PHILLIPS			2.3 ST	REET	ADDRESS	~ ***	•	2 24- 1	• •	
CITY-ST-ZIP	<u> JACKSONVILLE</u>	FL 32256		2. 4 C		T-ZIP			Change.	Addition	
TITLE			☐ DELETE	3.1 111					Change	C Addition	
NAME				3.2 NA			•				
STREET ADDRESS				3.3 ST	REET	ADDRESS		10 m	. **		
CITY-ST-ZIP			****	3.4. C		T-ZIP	<u> </u>		Channe	□ Addition	
TITLE			☐ DELETE	4.1 TIT	LE			•	Change	☐ Addition	
NAME	•			4.2 N	AME						
STREET ADDRESS		·		4.3 ST	REET	ADDRESS					
CITY-ST-ZIP				4.4 Cr		- ZIP				77 8 3 3 6 5 2 3	
TITLE			☐ DELETE	5.1 TT					Change	☐ Addition	
NAME				5.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CI		r-ZIP					
TITLE			☐ DELETÉ	6.1 TI		Ì			Change	☐ Addition	
NAME	**	,		6.2 NA	ME					l	
STREET ADDRESS	*			6.3 ST	REET	ADDRESS	•				
CITY-ST-ZIP	1			6.4 CF	TY-ST	r-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 appartachment with an address, with all other like empowered.

SIGNATURE: