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

Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90100 017 ***150.00

1. Corporation	MEN # P0862	7						
	CORRECTIONS, INC.							
KLLION						4 36 6 10 6 0 1 10 1 0 10 10 10 10 10 10 10 10 10 1		
							<u> </u>	
Principal Place of Business Mailing Address								
96 MONTANA		P O BOX 1317 LYNN HAVEN FL 32444						
LYNN HAVEN FL 32444 US		US				DO NOT WRITE IN THIS SPACE		
00		••				3. Date Incorporated or Qualifed		
					•	12/31/1985		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		olied For
21		26				61-1009274		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	⊢			5. Certificate of Status Desired	\$8.75 A	
22	<u> </u>	27City. & State						
City & State	8 	— ·				- 6Election Cempaign Financing Trust Fund Contribution	ا-55:00 \$ Added to	
Zip				try		8. This corporation owes the current year		
24	25	— ·	0	•		Personal Property Tax.		□No
24	9. Name and Address of Curr					10. Name and Address of New Registere	d Agent_	
			8	B1 (Name			
KEETON, RONALD G.			8	B2 :	Street Addre	ess (P.O. Box Number is Not Acceptable)		
96 MONTANA AVE			Ľ			,		
LYNN HAVEN FL 32444			8	B3				
				B4 (City		. 85 Zip C	ode
				- 1	•	F	LII	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes te of Florida, Such change was aut	s, the abo	ove-n	named corpo e corporation	pration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its i pointment as reg	registered jistered
agent. I a	m familiar with, and accept the obli-	gations of, Section 607.0505, Florid	la Statut	es.		, ,,	_	
SIGNATURE						when reinstating) DATE		
12.	Signature, typed or printed name of registered a	gent and little if applicable. (NOTE: H AND DIRECTORS	13.	gent si	ignature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PDT	☐ DELETE	1.1 TITLE			100	☐ Change	Addition
NAME	101		1.2 NAM					i
STREET ADDRESS	<u>_</u>		II.		DDRESS			
CITY-ST-ZIP			1.4 CITY			•		
TITLE			2.1 TITLI				☐ Change	☐ Addition
NAME	221		2.2 NAM	Æ		•		
STREET ADDRESS			2.3 STR	EET AL	DORESS			
CITY-ST-ZIP	2.4			Y-ST-Z	ZIP			
TITLE	DELETE 3.11		3.1 TITLI	E			Change	☐ Addition
NAME	3.21		3.2 NAM	ΚΕ.				
STREET ADDRESS			3.3 STRI	EET AL	DORESS			
CITY-ST-ZIP			3.4. CITY	Y-ST-Z	ZIP	/+ **		pag s. 1300
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NAME			4. 2 NAN	WE				
STREET ADDRESS					DDRESS			į
CITY-ST-ZIP		[] perere	4.4 CITY		ZIP		Change	☐ Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM				□ cliarige	
NAME			5.2 NAM		DORESS			
STREET ADDRESS			5.4 CITY					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLI		-	44-44-	☐ Change	Addition
HILE					1		٠٠٠٠٠٠ سے	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 open 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR