Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90020 046 ***150.00

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 # P95000051367

STREET ADDRESS

LARRY B	URTON	& ASSOCIATES	S, INC.						٠								
Principal Place	of Busines			Mailing A	Address						11 88 1 118	Billi Ba	*********	111 ##141 4)(8 :)(80)) (
12727 82ND TERRACE NORTH 12727 82ND TERRACE NORTS SEMINOLE FL 33776 US US												DO NOT		N THIS	SPACE	<u> </u>	
										3. Date Inc. 06/28/	•	ed or Qua	irea				
Principal Place of Business 2a. Mailing Address										4. FEI Num					L	App	lied For
21				26						<u>59-332</u>	<u> 2963</u>						Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certifcate	e of Sta	tus Desire	od' E] ~~		75 Ac e Req	lditional uired
City & State	9		_	City & State						6. Election Campaign Financing \$5.00 May Be							
23				28						Trust Fund Contribution Added to Fees							
Zíp		Country		Zip Coul				,		8. This corporation owes the current year Intangible							
24	25 29					30				Personal Property Tax. ☐ Yes ☐ No							_No
	9. Name	and Address of C	urrent Re	gistered	Agent					10. Name a	10. Name and Address of New Registered Agent						
		u					81	'	Name								
Burton, Larry L 12727 82ND Terrace North							82	1	Street Address (P.O. Box Number is Not Acceptable)						-		
SEMI	NOLE FL :	33776					83	T									
							84 City							FL	85	Zip Co	ode
office or n	egistered ag m familiar w	ions of Sections 60 ent, or both, in the ith, and accept the of	State of Fl obligations	orida. Sui of, Secti	ich change was ion 607.0505, F	authoriz Florida Si	zed by tatutes	;;n(e corporation	n's poard of dir	ectors.	Thereby a	sccept til	DATE	iunen.		
12.		OFFICER	S AND D	RECTOR		1	3.			ADDITIO	IS/CH/	NGES TO	OFFICI	ERS AN			
TITLE	P				☐ DELETE	1.1	TITLE					•			☐ Cha	ange	Addition
NAME		, Larry L.				1.3	NAME		1								
STREET ADDRESS 12727 82ND TERRACE NORTH							1.3 STREET ADDRESS					•					i
CITY-ST-ZIP	SEMINOL	E FL				1.9	CITY-S	T-Z	IP .								—
TITLE					☐ DELETE	2.	TITLE								Cha	ange	Addition
NAME						2.3	2 NAME		Ì	•							
STREET ADDRESS						2	3 STREE	TAE	DORESS								
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CITY-ST-ZIP							4. CITY-5	ST-Z	ZIP								
TITLE					☐ DELETE	4.:	TITLE		l l						☐ Cha	ange	☐ Addition
NAME						4.	2 NAME										
STREET ADORESS						4.:	3 STREE	TAL	DDRESS								
CITY-ST-ZIP						4.	4 CITY-S	T-2	ZIP								
TITLE					☐ DELETE		1 TITLE								∐ Ch	ange	Addition
NAME							2 NAME	.						,			
STREET ADDRESS		•					3 STREE										
CITY-ST-ZIP							CITY-S	T-Z	ZIP								[**] Addition
TITLE					☐ DELETE		1 TMLE		1						☐ Chi	ange	Addition
NAME						6.:	2 NAME										

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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: