PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90027 021 \*\*\*150.00

DOCUMENT #	P97000018681
1. Corporation Name	. 0. 0000.000.

Country

OVINGTON, INC.

Principal Place of Business 906 VERONA PLACE TARPON SPRINGS FL 34689

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

**23** Zip

Mailing Address

906 VERONA PLACE.

2a. Mailing Address

12400

City & State

Suite, Apt. #, etc.

26

-TARPON SPRINGS FL 34689

DO NOT	WRITE	IN THIS	SPACE
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Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

02/27/1997

59-3438712

4. FEI Number

24	25	29 33162	30		Personal Property Tax.	∐Yes L	_INo
'	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registered Agent	
				81 Name	•		
	GHT, PAUL O			82 Stree	t Address (P.O. Box Number is Not Acce	entable)	
	0 44TH ST.N			3000	t Address (F.O. Box Natifice to Not Not	pasic)	
CLE	ARWATER FL 34622			83			
				84 City		FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Stat	utes, the	above-name	d corporation submits this statement for	he purpose of changing its r	egistered
office or r	egistered agent, or both, in the State of	Florida, Such change was	authoriz	zed by the con	poration's board of directors. I hereby ac	cept the appointment as reg	istered
agent. I a	m familiar with, and accept the obligation	ins of, Section 607.0505, F	ionda S	tatutes.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if apolicable (NO	TE: Registe	ared Agent signature	e required when reinstating)	DATE	ì
12.	OFFICERS AND			3.	ADDITIONS/CHANGES TO		RS IN 12
TITLE	DPT	□ DELETE		1 TITLE	OPTS	<b>⊠</b> Change	Addition
NAME	WRIGHT, PAUL O			2 NAME			·
STREET ADDRESS	3116 ROXMERE DR.		1.3	3 STREET ADDRES	S		
CITY-ST-ZIP	PALM HARBOR FL 34687			4 CITY-ST-ZIP			
TITLE	DVPS	<b>X</b> DELETE		1 TITLE		☐ Change	Addition
NAME	ADAMS, RODNEY M	<u></u>		2 NAME			
	345 WATERFORD CIRCLE E	•	1	3 STREET ADORES			
STREET ADDRESS	TARPON SPRINGS FL 34689		1		<b>*</b> [		
CITY-ST-ZIP	TANTON OF THINGS I'E STORE	☐ DELETE	_	4 CITY-ST-ZIP 1 TITLE		☐ Change	Addition
				2 NAME		_ ,	_
NAME							
STREET ADDRESS			- 1	3 STREET ADDRES	5		
CITY-ST-ZIP		☐ DELETE		4. CITY-ST-ZIP 1 TITLE		Change	Addition
TITLE						டு சென்கும்	
NAME			- 1	2 NAME			
STREET ADDRESS				3 STREET ADORES	S		
CiTY-ST-ZiP		□ pc: ere		4 CITY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE		1 TITLE			
NAME				2 NAME			ļ.
STREET ADDRESS				3 STREET ADDRES	8		
CITY-ST-ZIP				4 CITY-ST-ZIP		Псь	FT Additi
TITLE		☐ DELETE		1 TITLE		☐ Change	Addition
NAME				2 NAME			
STREET ADDRESS			6.	3 STREET ADDRES	s		
CITY-ST-ZIP			6.	4 CITY-ST-ZIP			

44th Street N

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

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 29 99

727 572 4343

DOE034 (11/98)