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

Mailing Address

YALAHA FL 34797

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

Zip

7738 FRONTIER DRIVE

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

8. This corporation owes the current year Intangible

08/15/1997

65-0775812

4. FEI Number

02-11-1999 90012 047 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000071289

7738 FRONTIER DRIVE

YALAHA FL 34797

21

22

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

JOHN SCRIBNER CONSTRUCTION COMPANY

Zip	Country	Zip	Con	ntry		8. This corporation owes the	current year into		□No
4	25	29	30			Personal Property Tax.		☐ Yes	
· <del>-</del>	9. Name and Address of Current F	10. Name and Address of New Registered Agent							
SCRIBNER, JOHN R 7738 FRONTIER DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)					
YALAHA FL 34797				83		<b>一种特别的特别</b>			
						2 5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	E1	85 Zip	Code
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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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE  (NOTE: Registered Agent signature required when reinstating).									
40	Signature, typed or printed name or registered agent a OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICERS AN	ND DIRECTO	RS IN 12
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STREET ADORESS	6			TREET ADDRES	5				
_	1 :			CITY-ST-ZIP					information
14. I hereby	certify that the information supplied with	this filing does not qualif	y for the ex	emption stat	ed in S	ection 119.07(3)(i), Florida Sta shall have the same legal effe	tutes. I further ce ct as if made un	entity that the der oath; tha	iniormation t I am an
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 full the information indicated on this annual report or supplemental annual report is trusted and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is trusted earnowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trusted earnowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.									

Country

SIGNATURE: