02181999-90119-019-\$150.00-\$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

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90119 019 ***150.00

DOCUMENT # P970	00079325	•			
10 CORPORATION OF PENSAC	OLA				
Delegional Places of Oscillators	10.10		 	\$1 0.0 214 404 10 3010	

							;		
Principal Place of Business Mailing Address					_	a new moder com meste nûdere ûntit dûtst ûntste skand sêrûn hitig kitêr brit nûde.	:		
5793 PEBBLER		5793 PEBBLERIOGE DRIVE				-			
MILTON FL 32583 MILTON FL 32583						DO NOT WRITE IN THIS SPACE			
[3. Date Incorporated or Qualified	1		
1.						09/12/1997	١.		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For	1		
21	26					59-3467377 Not Applicable			
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.			<u>-</u>	\$8.75 Additional	1		
22	27				5. Certificate of Status Desired Fee Required				
City & State City & State						6. Election Campaign Financing \$5.00 May Be	Ì		
23	28				Trust Fund ContributionAdded to Fees				
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible			
24	9. Name and Address of Curro	29 3	0			Personal Property Tax.			
	Name and Address of Curi	NIT LOSGISTED ON WHEIR		81	Name	TV. Name and Address of New Registered Agent			
WH	GHAM, JAMES E			Ĺ					
5790	3 PEBBLERIDGE DRIVE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
MBLT	ON FL 32583		- 1	83					
			[And they have been a second to the second to			
1				84	City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes.	, the at	ove-	named co	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered			
office or r	registered agent, or both, in the Stati im familia with, and accept the oblig	e of Florida. Such change was auth rations of, Section 607,0505, Florid	horized la Statu	by thates.	не согрога	ation's board of directors. I hereby accept the appointment as registered			
SIGNATURE	Job W. X					1/0//05			
	Signature, typed or printed falms of plastered as			Agent s	nitrative tetri	ared when reinstating) DATE	~		
12.		NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (11/98)		
TITLE	P Hallough Laber 5	☐ DELETE	1.1 1771			☐ Change ☐ Addition	Ξ		
NAME	WHIGHAM, JAMES E.		1.2 NA			•	8		
STREET ADDRESS	5793 PEBBLE RIDGE DR MILTON FL	1			ODRESS		Ж		
CITY-ST-ZIP	MILION FL	☐ DELETE	1.4 CIT 2.1 TITI		ZIP		χ		
NAME		O procie	21 (III)			☐ Change ☐ Addition	•		
STREET ADDRESS					OORESS	:			
CITY-ST-ZIP	•		2.4 CT		1	_	- :		
TITLE		DELETE	3.1 TITL		4	☐ Change ☐ Addition			
NAME			3.2 NAM		1				
STREET ADDRESS					DORESS				
CITY-ST-ZIP			34 CIT		į		_		
TITLE	<u> </u>	☐ DELETE	4.9 TITL			☐ Change ☐ Addition	·^i		
NAME			4, 2 NW	ME.					
STREET ADDRESS		,	4.3 STR	EET AL	DDRESS				
CITY-ST-ZIP			4.4 CITS	r-51-Z	TIP .				
mre .		☐ D€LETE	5.1 TML	-		☐ Change ☐ Addition			
NAME			5.2 NAM			1			
STREET ADDRESS			5.3 STR			,			
CITY-ST-ZIP			5.4 CITY		P				
TITLE		☐ DELETE	6.1 TTL		}	☐ Change ☐ Addition			
NAME			5.2 NAM	_					
STREET ADDRESS			6.3 STRI						
CITY-ST-ZIP			6.4 CITY	-57-Z	P				

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MAJE OF SIGNING OFFICER OR DIRECTOR

03/03/99

850-444-0290