

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).


0113845

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000056769  
 1. Corporation Name  
**FLATGROUND PROPERTIES, INC.**

**FILED**  
 99 DEC 14 PM 6:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: 499 NORTH FERDON BLVD. CRESTVIEW FL 32536  
 Mailing Address: 499 NORTH FERDON BLVD. CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3060 CRAIG TERRACE  
 2a. Mailing Address: 5100 N. 9th AVE  
 22. MERLE NORMAN COSMETOLOGY 531 CONDOVA MAIL  
 23. CRESTVIEW, FL 28. PENSACOLA, FL.  
 24. 32539 25. DKA/LOSA 29. 32504 30. ESCAMBIA

3. Date Incorporated or Qualified: 06/23/1998  
 4. FEI Number: 59-3590905  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
 BEDNAR, MARK A  
 11 EAST ZARAGOZA STREET  
 PENSACOLA FL 32501

10. Name and Address of New Registered Agent  
 B1 Name: Deborah O. George  
 B2 Street Address (P.O. Box Number is Not Acceptable): 3060 CRAIG TERRACE  
 B3  
 B4 City: CRESTVIEW FL B5 Zip Code: 32539

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: *Deborah O. George* 11/1/99 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEDNAR, MARK A	
STREET ADDRESS	11 EAST ZARAGOZA STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DEBORAH O. GEORGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEBORAH O. GEORGE	
1.3 STREET ADDRESS	3060 CRAIG TERRACE	
1.4 CITY-ST-ZIP	CRESTVIEW, FL 32536	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KERMIT H. GEORGE	
2.3 STREET ADDRESS	3060 CRAIG TERRACE	
2.4 CITY-ST-ZIP	CRESTVIEW, FL 32536	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	REINSTATEMENT	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: *Kermit H. George* 11/1/99 B5D-682-4289  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)