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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J62884 1. Corporation Name

REAR FLATS, INC.

FILED Feb 03, 1999 8:00am Secretary of State

02-03-1999 90009 026 ***150.00

DEAN 1 L	Ald, IIIo.							
Principal Place	of Business	Mailing Address			11041110 2110 21110 1110		5.5 4.4	
600 S BARRACKS ST		P.O DRAWER 12684						
SUITE 210			PENSACOLA FL 32574-2684		DO NOT WRITE IN THIS SPACE			
PENSACOLA FL 32501		U\$	US		3. Date Incorporated or Qualifed			
US					03/20/1987			
		29 Malling Address			4. FEI Number		Aon	lied For
2. Principal Pla	lace of Business	2a. Mailing Address	•		59-2802212			Applicable
21		26 Suite Ast # at			· · · · · · · · · · · · · · · · · · ·		\$8.75 A	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc	. .		5. Certifcate of Status Desir	ed 🛚	Fee Red	
22	<u> </u>	27 City & State			6. Election Campaign Finan	cina _	\$5.00	May Be
City & State	e	— ·			Trust Fund Contribution	oa 🛚	Added to	,
23	Country	Zip		Country	8. This corporation owes the	current year Intar	ngible	
Zip		29	30	,	Personal Property Tax.			□No
24	9. Name and Address of Cu				10. Name and Address of N	lew Registered A	gent	
	9. Name and Address of Cu			81 Name				
HAI F	FORD, DOUG				(0.0 Barrier 12 black 4 a	enentable)		
	S BARRACKS ST			82 Street Ad	ddress (P.O. Box Number is Not Ac	ceptable)		
	E 210			83				
	SACOLA FL 32501							41 (121 162) 21 (21 162)
DENS	ONCORY I E OFFICE			84 City	V-9734 B-31 - V-97 - B-7 - G-7 - B		lest The	
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11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida	Statutes, the	e above-named cozed by the corpor	orporation submits this statement for ration's board of directors. I hereby	or the purpose of c accept the appoint	thanging its tment as req	registered pistered
11. Pursuant	to the provisions of Sections 607 registered agent, or both, in the Simifamiliar with, and accept the ol	.0502 and 607.1508, Florida tate of Florida. Such change bligations of, Section 607.050	Statutes, the was authori 5, Florida S	e above-named cozed by the corporatatutes.	orporation submits this statement for ration's board of directors. I hereby	or the purpose of c accept the appoint	thanging its tment as reg	registered pistered
11. Pursuant	im familiar with, and accept the ot	bligations of, Section 607.050	J5, Florida S	tatutes.		or the purpose of c accept the appoint	thanging its tment as reg	registered jistered
11. Pursuant Sur office or re Sur agent If a SIGNATURE	im familiar with, and accept the ob-	d agent and title if applicable.	(NOTE: Registe	ered Agent signature req	guired when reinstating)	DATE		
11. Pürsuänt office or n sägent liai SIGNATURE	Mifamiliar with, and accept the of Signature, typed or printed name of registers OFFICERS	d agent and title if applicable.	(NOTE: Registr	ered Agent signature req	quired when reinstating) ADDITIONS/CHANGES T	DATE		
11. Pursuant office or n sagent fai SIGNATURE 12.	Signature, typed or printed name of registeres OFFICERS	d agent and title if applicable.	(NOTE: Registr	ered Agent signature req	guired when reinstating)	DATE	D DIRECTO	RS IN 12
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11. Pursuant office or resident fails SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registers OFFICERS D HALFORD, DOUG 600 S BARRACKS ST., SUI	d agent and title if applicable. S AND DIRECTORS	(NOTE: Registrement of the state of the stat	ered Agent signature req 13. .1 TITLE 2 NAME 3 STREET ADDRESS	quired when reinstating) ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12
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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 any 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 pn an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Daytime Phone #

22F034 (11/98)