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

DOCUMENT # J22058 1. Corporation Name

D.L. CULLIFER & SON, INC.

							BIL BHON BIBIL BI		1811 81811 1881
Principal Place	e of Business	Mailing Add	iress						
410 GANDY RO	AD	410 GANDY	ROAD						•
AUBURNDALE F	FL 33823	AUBURNDAL	E FL 33823			DO NOT WRITE	IN THIS SDA	CE	
US		US				3. Date Incorporated or Qualifed			
						06/27/1986			
		1 6- 14 99	* 11			4. FEI Number		T. T App	olied For
2. Principal Pl	tace of Business	2a. Mailing	Address			59-2697676			Applicable
21		26				39-209/0/0			dditional
Suite, Apt.	#, etc.	⊢ ¬	pt. #, etc.			5. Certifcate of Status Desired	⊒ ਼ *" '	Fee Red	
22		27					-		<u> </u>
City & State	e	City & S	otate			6. Election Campaign Financing		55.00 i Added to	- 1
23		28		Counto		Trust Fund Contribution			31 663
Zip	Country	Zip	r==	Country	<i>*</i>	This corporation owes the current Personal Property Tax.	year intangro		□No
24	25	29	30	<u> </u>		10. Name and Address of New Reg			
	9. Name and Address of Curre	nt Registered Ag	jent	81	Name	10. Hame dita Address of Non-Tag	iotorou i igor		
CULI	LIFER, D.L.			"					
410	GANDY ROAD				Street Ad	dress (P.O. Box Number is Not Acceptable)			
ALIR	URNDALE FL 33823			83		2 (2) (3) (4) (4) (4) (4) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		101 to 91; 191 Via 84 561 \$1	TELT SEED TEST
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							FL "	-1 14	wintered
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, e of Florida, Such	Florida Statutes, change was auth	the aboviorized by	e-named co	rporation submits this statement for the pur tion's board of directors. I hereby accept the	rpose or chan ne appointme	nt as reg	jistered
agent la	im familiar with, and accept the oblig	gations of, Section	607.0505, Florida	a Statutes	5.				
	DO NOT	Sisn							
SIGNATURE			here						
SIGNATURE	Signature, typed or printed name of registered ago	gent and title if applicable.		<u> </u>	nt signature requ	ired when reinstating)	DATE	PECTO	RS IN 12
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	Signature, typed or printed name of registered age OFFICERS A PSD	gent and title if applicable.		13. 1.1 TITLE	nt signature requ		ERS AND DI	RECTO! Change	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 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90059 046 ***150.00