

**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V12052

BIB & TUCKER, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90070 013 \*\*\*150.00

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Principal Place of Business  745 ORIENTA AVE ALTAMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed 02/04/1992  2. Principal Place of Business  2a. Mailing Address  25. Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	SPACE	
ALTAMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  02/04/1992  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  59-3106817  Suite, Apt. #, etc.  5. Certificate of Status Desired	SPACE	
DO NOT WRITE IN THIS   3. Date Incorporated or Qualifed   02/04/1992   2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-3106817   Suite, Apt. #, etc.   Suite, Apt. #, etc.   5. Certificate of Status Desired	SPACE	
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2. Principal Place of Business 2a. Mailing Address 259-3106817  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Cartificate of Status Desired	_	
26 59-3106817  Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	<b>⊢</b> −	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired		Not Applicable
5. Certificate of Status Desired	\$8.7	5 Additional
	Fe	e Required
City & State City & State 6. Election Campaign Financing	<b>\$</b> 5.	00 мау ве
28 Trust Fund Contribution	Add	led to Fees
Zip Country Zip Country 8. This corporation owes the current yeer Inte		
24 25 29 30 Personal Property Tax.	☐ Yes	No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent	Agent	
81 Name		
OLIGER, ROSITA 82 Street Address (P.O. Box Number is Not Acceptable)		
745 ORIENTA AVE		
ALTAMONTE SPRINGS FL 32701		
84 City	85	Zip Code
	.   "	
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 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 appoint agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	changing	its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. I nereoly accept the appointment of an interest accept the obligations of Softon 60 / 5050 Florida 15/20ules.	nunent a	2 Lodistated
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refrestating) DATE		
12. OFFICERS AND DIRECTORS 13/ ADDITIONS/CHANGES TO OFFICERS AN		
TITLE DP DELETE 1.1 TITLE	☐ Char	nge 🗌 Addition
NAME OLIGER, ROSITA 12 NAME		
STREET ADDRESS 745 ORIENTA AVE 1.3 STREET ADDRESS		
CITY-ST-ZIP ALTAMONTE SPGS FL 1.4 CITY-ST-ZIP		
TITLE DVKRSIMSISK DELETE 21 TITLE	☐ Char	nge 🗌 Addition
NAME OLIGER, LENORA 22 NAME		
STREET ADDRESS 745 ORIENTA AVE 23 STREET ADDRESS		
CITY-ST-ZP ALTAMONTE SPGS FL 2.4 CITY-ST-ZP		
TITLE OBLETE 3.1 TITLE	Char	nge Addition

3.3 STREET ADDRESS

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

8.4 CITY-ST-21P

3.4. CITY-ST-ZIP

4.2 NAME

6.1 TITLE

52 NAME

61 TITLE

62 NAME

DELETE

DELETE

DELETE

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 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.

SIG	NA	TU	IRE:

NAME

TITLE

NAME

TIME

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZP

CITY-ST-ZIP

Repid	a Ma	ED NAME OF SICE	Den 17	<u> </u>
SIGNATURE AND	TYPED OR PRINT	ED NAME OF SIG	IING OFFICER OR	DIRECTOR

4//	1/5	9 407-831-433	(
Date //	7	Daytime Phone #	

☐ Change

☐ Change

Change

☐ Addition

Addition

☐ Addition