Apr 08, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 258983

1. Corporation Name

| PERSON | AL INVESTMENTS INC | | | | | | | |
|---|--------------------------------|--|------------------------------|-----------------------|-------------------|--|--------------------|------------------------|
| Principal Place of Business Mailing Address | | | | | | | fi Brait £580 bibi | I OTOLI DIGIL LEGI |
| 6558 DOG TRAC | CK RD HWY 79 & HWY 20 | 6558 DOG TRACK RD INTERSECTION HWY 79 & H | INTERSECTION HWY 79 & HWY 20 | | | DO NOT WRITE IN TH | IIG SPACE | |
| EBRO FL 32437 EBRO FL 32437 | | | | | | 3. Date Incorporated or Qualifed | | |
| US | | US | | | | 05/14/1962 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | <u> </u> | Applied For |
| 21 | | 26 | | | | 59-1162937 | | Not Applicable |
| Suite, Apt. | #, etc. | Sûite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | T | Additional Required |
| City & State | 9 | City & State | | | _ | 6. Election Campaign Financing | \$5.0 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | • | to Fees |
| Zip | Country | Zip | Cour | ntry | | 8. This corporation owes the current year | Intangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | ☐ Yes | □No |
| <u></u> | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Register | d Agent | |
| DEVARES, PAUL | | | | 81 | Name Sto | ockton R. Hess | | |
| INTERSECTION HIGHWAY 79 & HIGHWAY 20 | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) 1.2 Dog Track Rd. | | |
| EBRO FL | | | • | 83 | | | | |
| | | | | 84 | City Ebr | Ebro FL | | 2437 |
| 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 X Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. | 12. OFFICERS AND DIRECTORS | | | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECT | TORS IN 12 |
| TITLE | VPD DELETE | | | 1.1 TITLE P.D | | | X Change | e |
| NAME | ESS, STOCKTON R | | | 1.2 NAME St | | ockton R. Hess | | |
| STREET ADDRESS | 6512 DOG TRACK RD | | 1.3 STI | 1.3 STREET ADDRESS 65 | | 12 Dog Track Rd. | | 1 |
| CITY-ST-ZIP | EBRO FL 32437 | | 1.4 C/T | 1.4 CITY-ST-ZIP El | | ro, FL 32437 | | |
| TITLE | SD | (*) | | 2.1 TITLE VE | | PD . | Chang | e XAddition |
| NAME | HESS, HARRY L | | 2.2 NA | 2.2 NAME Par | | ulette Austin | | |
| -STREET ADDRESS | -6558 DOG TRACK RD | | 2.3 STI | 2.3 STREET ADDRESS 95 | | 31 Electric Ave. | | ĺ |
| CITY-ST-ZIP | EBRO FL 32437 | | 2. 4 CI | 2.4 CITY-ST-ZIP Th | | ionotosassa, FL 33592 | | ~~~~~ |
| TITLE | TD ADELETE | | 3.1 TIT | 3.1 TITLE | | | Z Chang | e 🔲 Addition |
| NAME | HARRY L. HESS | • | 3.2 NA | ME | | rgaret G. Hess | | |
| STREET ADDRESS | BOX 111 N/A | | 3.3 ST | REET | | 102 Woodsong Way | | |
| CITY-ST-ZIP | EBRO FL | | 3.4. CI | | r-zı <u>P</u> Ta: | mpa, FL 33618 | | |
| TITLE | D DELETE | | _ | 4.1 TITLE | | | ☐ Chang | e 🔀 Addition |
| NAME | HATER, ROBERT E. II | | 4. 2 N/ | AME | l Cr | aig R. Stevens | | |
| STREET ADDRESS | 1330 NEEB ROAD | | 4.3 ST | REET | | 81 Crystal Lake Dr. | | ł |
| CITY-ST-ZIP | CINCINNATI OH | | 4.4 CIT | | -zipCĥ | ipley, FL 32428 | | |
| TITLE | D DELETE | | 5.1 TIT | 5.1 TITLE | | | ☐ Chang | e 🖺 Addition |
| NAME | HATER, JOHN M. | | 5.2 NA | | | nda M. Bradley | |] |
| STREET ADDRESS | 11508 TRASK S. | | 5.3 STI | REET | | 17 Birch Terrace | | \ |
| CITY-ST-ZIP | TAMPA FL | | 5.4 CIT | TY-ST | -zr_ Ch | arlevoix, MI 49720 | | |
| TITLE |) ~ (XI DELETE | | | LΕ | D | | ☐ Chang | e 🔀 Addition |
| NAME | HESS, MARGARET G | | 6.2 NA | ME | Br | yan L. Hess | | İ |

14. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS 10102 WOODSONG WAY

Kan Stewequired SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS 10102 Woodsong Way