PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90292 036 ***150.00

1. Corporation	MEN 1 # S83528 R BAR AND PACKAGE, IN			
FLAGI.EF	DAN AND FACKAGE, IN	0.		E TRANSPORT DE MENER EN
Principal Flace	e of Business	Mailing Address		
PO BOX 1274		PO BOX 1274		
BUNNELL FL 32	2110	BUNNELL FL 32110		DO NOT WRITE IN THIS SPACE
				Date ncorporated or Qualifed
				09/27/1991
2 Principal P	lace of Business	2a, Mailing Address		4. FEI Number Applied For
21	ado di Basilisas	26		59-2215164 Nct Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing S5.00 May Be
23		28		Trust Fund Contribution Added a Fees
Zip	Co. ntry	Zip	Country	8. This corporation owes the current year Intangiple
24	25	29	30	Personal Property Tax. Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Nam∋ and Address of New Registe ed Agent
			81 Name	
HIBNER, LEROY R			82 Street	t /\ddress (P.O. Box Number is Not Acceptable)
104 S STATE STREET				
į EUNI	NELL FL 32110		83	
			84 City	85 Zip Code
				-L
/ ∧ffice or n	to the provisions of Sections 607.0 egistered agent, or t oth, in the Stal m familiar with, and accept the oblig	te of Florida. Such Change was au	itnonzea ov tne cort	d corporation subraits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE				a ri-quired when reinstatir 3) DAT :
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ADDI TONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	DELETE	1,1 TITLE	Change C Addition
NAME	HIBNER, BETTY JANE	-	1.2 NAME	DECEASED s 1/30/99
STREET ADDRESS	904 HARDY STREET		13 STREET ADDRESS	s // ,
CITY-ST-ZIP	BUNNELL FL		1.4 CiTY-ST-ZIP	1/20/99
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HIBNER, LEROY R		: 2.2 NAME	'
STREET ADT RESS	904 HARDY STREET		2.3 STREET ADDRESS	s
CITY-\$T-ZIF	BUNNELL FL		2 4 CITY-ST-ZIP	
TITLE	DOMNECE 1 E	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADCRESS			3.3 STREET ADDRESS	s
CITY-ST-ZIF			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME		_	4. 2 NAME	
1			4 3 STREET ADDRESS	
STREET ADI RESS			4 4 CITY-ST-ZIP	
CITY-ST-ZIF		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
TITLE		C beech	52 NAME	
NAME			5.3 STREET ADDRESS	s
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZII	 	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE		1 1 DELETE	=	_ stone _ transmit
NAME			6.2 NAME	
			6.2 NAME	5
STREET AD IRESS			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	s

14. The eby 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 incurrate 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

4/19/99 904-437-3736

R2F034 (11/98)