### 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 # P98000068315

1. Corporation Name

# **FILED** Jul 08, 1999 8:00 am Secretary of State 07-08-1999 90021 027 \*\*\*550.00



Chei Paul Albrecht, I	nc.				
rincipal Place of Business	Mailing Address			* 5 8 3 9 6 9 583691 - 90021 - 27	, 1 +
220 McKenzie Avenue Panama City, FL 32401				DO NOT WRITE IN	THIS SPACE
			<b>'</b>	3. Date Incorporated or Qualifed 8/05/98	
Principal Place of Business 102 Market Street	2a. Mailing Address 26		سعوت لا را	4. FEI Number - 59-3540348	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	·	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State   Panama City Beach, FL	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 32413 25 Bay	Zip 29 30	Country	_	This corporation owes the current ye     Personal Property Tax.	XX Yes □No
9. Name and Address of Current	10. Name and Address of New Regist	ered Agent			
Roland W. Kiehn, Esq.		81	Name		
220 McKenzie Avenue		82	82 Street Address (P.O. Box Number is Not Acceptable)		
Panama City, FL 32401		83	<del></del>		
	·	84	City		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	f Florida. Such change was auth	iorized by t	-named corpor the corporation	ration submits this statement for the purpo is board of directors. I hereby accept the	se of changing its registered appointment as registered
IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
2. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
					Choose Caddition

IGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature	required when reinstating) DATE			
2.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ΠE	P/S/T DELETE	1.1 TITLE	Change Addition			
ME .	Paul A. Albrecht	1.2 NAME `				
REET ADDRESS	l t	1.3 STREET ADDRESS	s			
TY-ST-ZIP	Panama City Beach, FL 32413	1.4 CITY-ST-ZIP	the second secon			
TLE	VP'_ Z	2.1 TITLE	Change Addition			
ME	Patrick Oliver Albrecht	2.2 NAME				
REET ADDRESS	102 Market Street	2.3 STREET ADDRESS				
Y-ST-ZIP	Panama City Beach FL 32413	2.4 CITY-ST-ZIP	<u>'</u>			
Ę	DELETE	3.1 TITLE -	☐ Change ☐ Addition			
AE .		3.2 NAME				
EET ADDRESS		3.3 STREET ADDRESS				
Y-ST-ZIP	rest	3.4. CITY-ST-ZIP				
Ε ,	DELETE	4.1 TITLE	☐ Change ☐ Addition			
1E	og e	4. 2 NAME				
EET ADDRESS		4.3 STREET ADDRESS				
/-ST-ZIP	<u></u>	4.4 CITY-ST-ZIP	sta .			
E :	DELETE	5.1 TITLE	. Change Addition			
1E		5.2 NAME				
EET ADORESS		5.3 STREET ADDRESS				
-ST-ZIP		5.4 CITY-ST-ZIP				
E	☐ DELETE	6.1 TITLE	Change Addition			
E	1 1. )	6.2 NAME				
EET ADDRESS		6.3 STREET ADDRESS				
-ST-ZIP		6.4 CITY-ST-ZIP.				

I hereby certify that the information supplied with this filing does not quality 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 of 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 attackment with an address, with all other like empowered.

GNATURE:

856-235-