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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

 Corporation 	IOLDING COMPANY				
Principal Place	of Business	Mailing Address			ALL MEMOR BENEEL BENEEL MENNE NEWE COME
229 EAST MELBOURNE AVE MELBOURNE FL 32901 US		229 EAST MELBOURNE AVE MELBOURNE FL 32901 US		OO NOT WRITE IN TH	HIS SPACE
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
				11/04/1932	LA-ried Sec
· '	ace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21		26		59-0216980	\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22		City & State		6 Fleetier Compaign Financing	\$5.00 May Be
City & State	•			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year	
——— ·		-	0	Personal Property Tax.	WaYes □No
24	9. Name and Address of Current			10. Name and Address of New Registere	
5. Name and Address of Current Registered Agent					
PITTMAN, MARY S			PI	TTMAN, ROBERT S., JR.	
229 EAST MELBOURNE AVE				ress (P.O. Box Number is Not Acceptable) 5 A NORTH DRIVE	•
	BOURNE FL 32901		83	O A NORTH DRIVE	.,,
	\sim		84 City	FOURTH	85 Zip Code 32934
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, of both, in the State of Florida. Such change was author agent. I am familiar with, and accept he obligations of Section 607.0505, Florida S			the above-named coru	LBOURNE poration submits this statement for the purpose	of changing its registered
office or re	egistered agent, or both, in the State	f Florida. Such change was aut	horized by the corporat	ion's board of directors. I hereby accept the ap-	pointment as registered
agent. I ar	n familiar with, and accept inerobligat				
SIGNATURE	Signature, typed or printer name of registered agent	and the Epplicable. (NOTE: R	ROBERT S. PIT tegistered Agent signature requir	TTMAN , JR . ped when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	SD	☐ DELETE	1.1 TITLE D		Change Addition
NAME	PITTMAN, STUART C		1.2 NAME P1	ITTMAN, STUART C.	
STREET ADDRESS	1865 KEEWIN AVE - APT B			865 KEEWIN AVE. APT. B	
CITY-ST-ZIP	PALM BAY FL 32905			ALM BAY, FL. 32905	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PITTMAN, ROBERT S., JR.		2.2 NAME		
STREET ADDRESS	285 A NORTH DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		2. 4 CITY-ST-ZIP	_	
TITLE	PTD	☐ DELETE	3.1 TITLE		Change Addition
NAME	PITTMAN, MARY S.		3 2 NAME	7 .	
STREET ADDRESS	229 EAST MELBOURNE AVE		3.3 STREET ADDRESS		!
CITY-ST-ZIP	MELBOURNE FL 32901		3.4. CITY-ST-ZIP	_ ***	
TITLE		☐ DELETE	41 TMLE SI	D	☐ Change ☐ Addition
NAME			4.2 NAME LA	AMONT, MARY F.	
STREET ADDRESS			4	90 HANOVER WAY	
CITY-ST-ZIP				AKELAND, FL. 33813	
TITLE		☐ DELETE	5.1 TITLE	•	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	,	

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.

6.4 CITY-ST-ZIP

SIGNATURE: