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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business	Mailing Address
218 GRAVES ST. BOX 349 OLINCY FL 32353-7349	218 GRAVES ST. 80X 349 QUINCY FL 32353-7349

FILED Jan 26, 1999 8:00am **Secretary of State**

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8 GRAVES ST. 218 GRAVES ST. DX 349 BOX 349 UINCY FL 32353-7349 QUINCY FL 32353-7349										
			-		DO NOT WRI	TE IN THIS	SPACE		1	
						3. Date Incorporated or Qualifed 11/05/1938				
Principal Place of Business 2a. Mailing Address 26						4. FEI Number 59-0626877	· <u></u>		plied For t Applicable	2000
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		\$8.75 A		
City & State City & State		City & State	ate			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip Country Zip			Country			8. This corporation owes the curr	ent year Int	***		
25 29		29	30			Personal Property Tax. ☑ Yes □ No				
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New F	Registered	Agent		1
	E Control of State			81 Nam	9					
LAKI	WELL, WILLIAM M. E TALQUIN ROAD, P.O. BOX 349			82 Stree	t Addre	ess (P.O. Box Number is Not Accepta	able)		n estaeson (alta	
QUII	NCY FL 32351			83			門物語			Ì
				84 City		18 (200) 10 (20	FL	85 Zip (Code	
Mágent, l'a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	ions of Section 607.0505. Flori	da Statu	.+~~						
-	Signature, typed or printed name of registered agent				e required	when reinstating)	DATE			
SIGNATURE	, , ,	t and title if applicable. (NOTE:			e required	ADDITIONS/CHANGES TO OF				1000
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered /	Agent signatur	e required			ND DIRECTO	DRS IN 12	100 A 400 O 1
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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.