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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 195361 1. Corporation Name

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90216 014 \*\*\*150.00

REMSCO	), INC.												
Principal Place	e of Business	Mailing Address					1 188	<b>                                     </b>	. 81785  181 81811	A1811 B1841 (	1011 919	11 61611 1661	
1515 FLORIDA	AVE.	1515 FLORIDA AVE.											
P. O. BOX 1999	Ð	P. O. BOX 1999					DO NOT WRITE IN THE SPACE						
PANAMA CITY I	FL 32402	PANAMA CITY FL 32402	PANAMA CITY FL 32402					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
							08/17/		<del>o</del> u				
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Num		1		Appl	lied For	
21		26					59-079	01 <u>10</u>			Not .	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-				5 Certificate	of Status Desired				Iditional	
22		27					Fee Required						
City & State	e	City & State					ī	Campaign Financir	<sup>39</sup> $\square$			lay Be	
23		28					<del></del>	nd Contribution			ded to	Fees	
Zip	Country	Zip	_	intry				oration owes the o	urrent year I	ntangible ☐ Yes	Г	JNoʻ	
24	9. Name and Address of Current	t Registered Agent	30	_				Property Tax.  Id Address of New	w Registere				
	9. Name and Address of Current	r Kadistara Adeir		81	Name		10. 1101116 01	id radiose of the					
ENN	IS,B F			L									
	S COVE LN			82	Street	Addres	ss (P.O. Box N	lumber is Not Acce	eptable)			}	
PAN	AMA CITY FL 32401			83									
				84	City			. ,	·F	85	Zip Co	ode	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida State	utes, the a	bove	e-named	corpor	ration submits	this statement for t	the purpose of cent the app	of changin cintment a	g its re is real	egistered stered	
office or r	egistered agent, or both, in the State on familiar with, and accept the obligate	of Florida. Such change was tions of, Section 607.0505, Fi	authorized lorida Stat	utes.	tne corp	oration	is board of dire	this statement for t ectors. I hereby ac	the purpose cept the app	of changin ointment a	g its regi	egistered stered	
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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 or amattachment with an address, with all other like empowered.

SIGNATURE: