PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 212193

FIG INC

Principal Place of Business 412 W. BAYA AVENUE P.O. BOX 338 Mailing Address

412 W. BAYA AVENUE P.O. BOX 338

## FILED Feb 09, 1999 8:00am Secretary of State

02-09-1999 90011 012 \*\*\*150.00



P.O. BOX 338 LAKE CITY FL 32055		P.O. BOX 338	P.O. BOX 338 LAKE CITY FL 32055			DO NOT WRITE IN THIS SPACE				
LAKE ON THE	02003	EARL OF TEX	2000			3. Date Incorp	porated or Qualifed			
						05/15/19	58			ì
2. Principal P	Place of Business	2a. Mailing Add	tress			4. FEI Numbe				Applied For
21		26	26			59-09540	0954043 Not Applica			Not Applicable
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.			\$8.75 Additional				
22 27						5. Certificate of Status Desired Fee Required				
City & Stat	te	City & State	9			6. Election Ca	mpaign Financing		\$5.00	May Be
23		28				Trust Fund	Contribution .	<u></u>	Added	to Fees
Zip.	Country	/ Zip	c	Country			ation owes the curre		ingible	_ i
24	25	29	30			<del></del>	roperty Tax.		K	. □No
	9. Name and Addre	ss of Current Registered Agent	<u> </u>			10. Name and	Address of New R	egistered /	\gent	56, 326,153 213,575, 1
CAB	TED DODIE M			81	Name		421 2 7 71	and the second of the	' Tribe d''	24 4 A 10 4
CARTER, DORIS M.			82 Street Add			ddress (P.O. Box Number is Not Acceptable)				
412 W. BAYA AVE. LAKE CITY FL 32055										
LAN	E CHT FL 32000			83						
				84	City	**	****	FL		Code
44 Durayant	to the provisions of Cost	ions 607.0502 and 607.1508, Flo	rida Statutos, tha	2 2500/6	named con	poration submite thi	e statement for the		hanging it	ts registered
office or r	registered agent, or both,	, in the State of Florida. Such cha	nge was authoriz	zed by:	the corporati	ion's board of direc	tors. I hereby accep	t the appoin	tment as r	registered
agent. I a	m familiar with, and acce	ept the obligations of, Section 607	'.0505, Florida St	tatutes.						
SIGNATURE	Classical designation	of registered agent and title if applicable.	NOTE PIE			ed when reinstating)	-,	DATE		
			(NOTE: Registe	ereo Agen	signature require	eu when reinstating)		DATE		
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12.	,	FFICERS AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS	CHANGES TO OF	ICERS AN		
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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 shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MINISTRUCTURE REQUIRED SIGNATURE AND TYPE OF PRINTED NAME OF SIGNATURE OF DIRECTOR

1-19-99

752-3789

CR2E034 (11/98