PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90149 016 ***150.00

1. Corporation	MENT # 228794 NAME TERSON, INC	,					
Principal Place	e of Business	Mailing Address			4 18814 11814 11801 1811 1801 1811 4181 9181	#1811 #1811 B1811	01911 85811 1 891
1425 GULF TO BAY 1425 GULF TO BAY							
CLEARWATER FL 34615 CLEARWATER FL 33755 US					DO NOT WRITE IN THIS SPACE		
US	•	uo			3. Date Incorporated or Qualifed		
					10/08/1959		}
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	Applied For
21 26				59-0919890	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27	<u></u>	: -			Required
-	City & State City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		, ,	
Zip	Country	Zip	Country		This corporation owes the current year limits to the current year limits.		101663
24	25	29 3	_		Personal Property Tax.	☐ Yes	□No
241	9. Name and Address of Curre		-		10. Name and Address of New Registered	d Agent	
			81	Name]
	HMANN FREDERICK S		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	TURNER STREET						
ULE#	ARWATER FL 33755		. 83				}
	•		84	City		85 Zip	Code
					F		to registered
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508, Florida Statutes	, the above	e-named c	orporation submits this statement for the purpose of	or changing i	is registered
∖ office or re		e of Fiorida. Such change was auti	horized by i	the corpor	ration's board of directors. I hereby accept the app	omiment as i	registerea
l office or re	m familiar with, and accept the oblig	e of Florida. Such change was autigations of, Section 607.0505, Florid	nonzea by i	tne corpor	ration's board of directors. I hereby accept the app	ointment as i	registered
office or re agent. I ar SIGNATURE	m familiar with, and accept the obliq	gations of, Section 607.0505, Florid	nonzed by la Statutes.	tne corpor	ration's board of directors. I hereby accept the app	omment as i	registered
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office or re agent. I ar SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	nonzed by la Statutes legistered Agen	tne corpor	quired when reinstating) OATE	OHIIII GIIC 83 I	ORS IN 12
office or reagent. I as	M familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505, Fiorid gent and title if applicable. (NOTE: R AND DIRECTORS	la Statutes.	tne corpor	quired when reinstating) OATE	AND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE 12.	Signature, typed or printed name of registered as OFFICERS A P BACHMANN FREDERICK S 1014 TURNER STREET	gations of, Section 607.0505, Fiorid gent and title if applicable. (NOTE: R AND DIRECTORS	la Statutes. legistered Agen 13. 1.1 TITLE	tne corpor	quired when reinstating) OATE	AND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A P BACHMANN FREDERICK S 1014 TURNER STREET CLEARWATER FL	partions of, Section 607.0505, Florid gent and title if applicable. (NOTE: R NND DIRECTORS	la Statutes. legistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature rec	quired when reinstating) OATE	ND DIRECT	ORS IN 12
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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