

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 # 255364

1. Corporation Name
LIVENDCO, INC.

Principal Place of Business

PO BOX 12314
PENSACOLA FL 32581
US

Mailing Address

PO BOX 12314
PENSACOLA FL 32581
US

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90256 010 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1962

4. FEI Number

59-0944335

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MURPHY, JENNIE
2726 ASHBURY LANE
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name

DAN L. LIVINGSTON

82 Street Address (P.O. Box Number is Not Acceptable)

308 WILLIAMS BURG DRIVE

83

84 City

GULF BREEZE

FL

85 Zip Code

32561

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DAN L. LIVINGSTON

4-28-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME LIVINGSTON, DL
STREET ADDRESS PO BOX 1505 N.A
CITY-ST-ZIP PENSACOLA, FL 0

DELETE

TITLE STD
NAME LIVINGSTON, JACK
STREET ADDRESS 2350 HIGHWAY 97 NORTH
CITY-ST-ZIP MOLINA FL

DELETE

TITLE D
NAME LIVINGSTON, JUDSON
STREET ADDRESS 7728 N PALAFOX ST.
CITY-ST-ZIP PENSACOLA FL

DELETE

TITLE D
NAME LIVINGSTON, ALBERT R
STREET ADDRESS 6407 QUAY RD AR
CITY-ST-ZIP TUCUMCARI NM

DELETE

TITLE PD
NAME MURPHY, JENNIE L
STREET ADDRESS 2726 ASHBURY LANE
CITY-ST-ZIP CANTONMENT FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VSTD

Change Addition

1.2 NAME

1.3 STREET ADDRESS

PO BOX 12314

1.4 CITY-ST-ZIP

PENSACOLA, FL 32581

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: DAN L. LIVINGSTON

4-28-99

850-934-8433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)