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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 | # | 20 | 22 | 200 |
|--------------------|--------------------|----|----|---------------|
| DOCUMENT | $\boldsymbol{\pi}$ | いい | nr |) <i>/</i> .フ |
| 1 Compression Name | | - | ~~ | |

| RACI DIS | | | | | |
|---|--|--|--------------------------------------|----------------------|---|
| MET HO | DY REALTY, INC. | | | | LIBRIDG WITH GENE BIND BIND HARD HILL DISH BISH SIGN BISH BISH BISH BISH |
| | | | | | |
| Principal Place | e of Business | Mailing Address | | | 1186188 (111) 68116 8118 6118 (111) 61811 8181 9181 9181 9181 9181 |
| 1053 S FLORIDA | A AVENUE | P O BOX 8185 | | | |
| LAKELAND FL 3 | 33803 | LAKELAND FL 33802-8185 | | | DO NOT WRITE IN THIS SPACE |
| US | • | US | | | 3. Date Incorporated or Qualifed |
| | | · . | | | 06/28/1966 |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For |
| 21 594 | 1-Pier Place Dr. | 26 | | | 59-1383966 Not Applicable |
| Suite, Apt. | · · · · · · · · · · · · · · · · · · · | Suite, Apt. #, etc. | | - | 5. Certificate of Status Desired \$8.75 Additional |
| 22 Lake | fand, the | 27 | | | 5. Certificate of otatus besited Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 3-a | Keland, IL WEAL | 28 | | | Trust Fund Contribution Added to Fees |
| Zip a c | Country | Zip | Country | ' | This corporation owes the current year Intangible |
| 24 ²⁸ 338 | 25 POTEUSA | 29 30 | <u> </u> | | Personal Property Tax. |
| | 9. Name and Address of Current | Registered Agent | | T": . | 10. Name and Address of New Registered Agent |
| | TOTAL MOUNT D | 4 | 81 | Name | e |
| | FITH, JOHN R. | LAND BUCH D | 82 | Street | et Address (P.O. Box Number is Not Acceptable) |
| MANN, MUCLUNG WATSON, GRIFFITH AND BUSH P | | The second of th | | | |
| | S FLORIDA AVE | | 83 | | |
| LAKE | ELAND FL 33801 | | 84 | City | 85 Zip Code |
| | | • | | , | FL |
| 11. Pursuant office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | and 607.1508, Florida Statutes, f Florida. Such change was auth | the above orized by a Statutes | e-named the corpo | ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | Signature, typed or printed name of registered agent | _ | | | re required when reinstating) DATE |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DPST | ☐ DELETE | 1.1 TITLE | | Dest ☐ Addition |
| NAME | GRIFFITH, JOHN RUDY | _ | 1.2 NAME | | Griffith, John Rudy |
| STREET ADDRESS | 1053 S FLORIDA AVENUE | | | T ADDRESS | Griffith, John Rudy 5941 Pier Place Dr. |
| CITY-ST-ZIP | LAKELAND FL | | 1.4 CITY-S | | Lakeland, FL. 33813 |
| TITLE | DV | DELETE | 2.1 TITLE | 1-24 | DV C - Addition |
| NAME | GRIFFITH, JENNIFER E | | 2.2 NAMÉ | | I a a Hath illenoite Ch |
| STREET ADDRESS | 1053 S FLORIDA AVENUE | | | TADORESS | ray Pier Place Dr. |
| CITY-ST-ZIP | LAKELAND FL | _ | 2.4 CITY-S | | Lakeland, FL - 338!3 |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | • | | 3.2 NAME | | |
| STREET ADDRESS | | | | T ADDRESS | ss |
| CITY-ST-ZIP | | | 3.4. CITY-5 | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME . | , | _ | 4. 2 NAME | | |
| STREET ADDRESS: | | | | T ADDRESS | es . |
| 1 | | | 4.4 CITY-S | | |
| CITY-ST-ZIP | · · | □ DELETE | 51 TITLE | 1-71L | . Change Addition |

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.

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

☐ Change