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

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90164 019 ***150.00

· Corporation	MENT # 314588 DSON & COMPANY INC						
Principal P ace	e of Business	Mailing Address	_			### #### #############################	BIBIS BIBSI SBBI
911 REYNOLDS RD.		911 REYNOLDS RD.					
P.O. BOX 966		P.O. BOX 966			DO NOT WIDITE	T. 10 ODAGE	
EATON PARK F	L 33840	EATON PARK FL 33840			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		
	-h				03/10/1967 4. FEI Number		- Had Car
—	ace of Business	2a. Mailing Address			1	· · ·	or lied For ot Applicable
21		Suite Apt # etc			59-1163427		A ditional
Suite, Act. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		equired	
City & State		City & State			6 Fleeties Compaign Financing		May Be
		28			6. Election Campaign Financing Trust Fund Contribution		to Fees
23 Zip	Courtry	Zip	Count		8. This corporation owes the current		
24	25	29 30		,	Personal Property Tax.	Yes	`XNo
	9. Name and Address of Curren		1301	• • • • • • • • • • • • • • • • • • • •	10. Name and Address of New Reg	istered Agent	
	Traine and Accided of Contract		8	1 Name			
RICH	iardson, Rudolph			5 5 · · · · · · · ·	Variable in Not Assessable	<u> </u>	
1885	N. CRYSTAL LAKE DRIVE		8	2 Street Acid	ress (P.O. Bo) Number is Not Acceptable	;)	
LAKE	ELAND FL 33801		8	3			
			L				
			8	4 City		FL 85 Zip	Code
agent. I ar SIGNATUF:E	m familiar with, and accept the obligat	ons of, Section 607.0505, FI	orida Statute	es. 	ed when reinstating)	DATE	
12.		ICERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	RICHARDSON,R E		1.2 NAME				1
STREET ADDRESS	1885 N. CRYSTAL LAKE DR.		1.3 STRE	ET ADDRESS			Ì
CITY-ST-ZIP	LAKELAND FL		14 CITY-	ST-ZIP			
TITLE	VS	☐ DELETE	2 1 TITLE			☐ Change	☐ Addition
NAME	RICHARDSON, KEN		2.2 NAME	■			
STREET ADDRESS	4641 SAN PAULO CT	CT 233		ET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		2 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE	:		Change	Addition
NAME			32 NAME				į
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			34 CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP				1			
			5.4 CHY-	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		☐ DELETE				☐ Change	☐ Addition
		DELETE	6.1 TITLE			☐ Change	Addition

I heret y 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 champer, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R.E. Richardson

941 665-0811