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 # 335731

1. Corporation Name

TITLE

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME STALIGHT AND STREET ADDRESS AS DAVID

IHE HAI	RILLY PHESS, INC.							
Principal Place of Business Mailing Address					•		1 (2010) Itten itten eitti janen iiisi iten eiett eint eint aint aint annt annt	
4250 ST.AUGUSTINE RD. 4250 ST.AUGUSTINE RD.							•	
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207								
							DO NOT WRITE IN THIS SPACE	~
							3. Date Incorporated or Qualified 09/30/1968	
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	_	
21	26						59-1223876 Not Applicable	凸
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certifcate of Status Desired	
City & State City & State			City & State				6. Election Campaign Financing 55.00 May Be	٦
23	28						Trust Fund Contribution Added to Fees	
Zip	Country	• •	Zip Cou				8. This corporation owes the current year Intangible	٦
24	25	29	30				Personal Property Tax. ☐ Yes ☐ No	╝
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	4
MICHAEL D HARTLEY 8278 PERSIMMON HILL LANE JACKSONVILLE FL 32256					81 82 83	Street Adds	ress (P.O. Box Number is Not Acceptable)	-
				ŀ	84	City	FL 85 Zip Code	1
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 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		15	AIOTE: B	animtored i	No oot	oianatura raquira	ed when reinstating) : 1992 DATE	-
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS					13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ᅥ
TITLE	DP OTTIOERO?	THE BITTE	DELETE	1,1 TITL	Æ		Change Addition	ᆔ
NAME	HARTLEY, MICHAEL		• —	1.2 NA	νŒ	į		-
STREET ADDRESS	8278 PERSIMMON HILL LANI	F		13ST	REET	ADORESS		-
CITY-ST-ZIP	JACKSONVILLE,FL 32223	•		1.4 CIT		· [-
TITLE	ST ST		☐ DELETE	2.1 1111	_		☐ Change ☐ Additio	'n
NAME	MCCONNAUGHEY, DIANE			2.2 NAJ	WF.			- [
STREET ADDRESS 12874 BRADY RD.					2.3 STREET ADDRESS			1
CITY-ST-ZIP JACKSONVILLE FL					2.4 CITY-ST-ZIP		•	-
TITLE		<u> </u>	☐ DELETE	3.1 TIT			☐ Change ☐ Additio	ᆔ
NAME ()				3.2 NA	ΜE	•		
STREET ADDRESS	THE PERSON TEACHER. SOFTER AND PERSON TO THE STATE OF TH			3.3 STF	REET	ADDRESS	\$7.47 年,15.15 A 10.17 等,因至此是自己有名的。如何是有一个人的是	
CITY-ST-ZIP	MONTH RECEIVED TO CARE OF			3.4. СП	Y-ST	ZIP	· 人名马拉尔 医艾克特氏髓 編集 網盤	4

Fire or and the first CITY-ST-ZIP 6.4 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. Drane M. McConnoughey

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

DARK KO

2 5**92**36.76

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

□ DELETE

REPRESENTED FOR E

JAKARENTI LETTATE 15

Change 💖 🖫 Addition

☐ Change

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☐ Addition

☐ Addition

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90020 040 ****150.00