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**

OOCUMENT # 339983

REET ADDRESS Y-ST-ZIP

IGNATURE

PAPY BROTHERS INCORPORATED

rincipal Place of Business Mailing Address								
OT NE 36TH AVE P O BOX 1134						÷.		
CALA FL 34	470 ·	OCALA FL 34478						
Ò		US				WRITE IN THE	S SPACE	
	•				3. Date incorporated or Qu	alifed		
Oringinal (Dinne of Divisions	1 0 44-90 444			01/10/1969	<u> </u>		
Principal Place of Business 2a. Mailing Address			· ·		4. FEI Number			pplied For
Duite And	4	26		 -	59-1233919			ot Applicable
Suite, Apt. #:etc Suite, Apt. #, et					5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes th	e current vear Ir	ntangible	
	25	29	30		Personal Property Tax.	•	⊠ Yes	□No
	 9. Name and Address of Current 	Registered Agent	· 1	,	10. Name and Address of I	lew Registered	l Agent	
		···· · · - ·	8	1 Name				
PAPY, D.M. JR.			l.	2 Street Add	Observations (DO Do No.)			
OTOTINE CONTINUE			l°	Street Add	Address (P.O. Box Number is Not Acceptable)			
OC/	ALA FL 34470		Ē	3	Control of the	#1 1979 1 a-10	7 81 Act 3 344	Car Car Da
•		·	_		महोत्री होते हैं।	4. 线管管制	地名和	理問題
			8	4 City	* 12 * 5 * F 34*	FL	85 Zip	Code
GNATURE	Signature, typed or printed name of registered agent a		Registered Ag	ent signature require	ed when reinstating) 1. 3.4.4.4	DATE ,		
	OFFICERS AND		13.		ADDITIONS/CHANGES T	OFFICERS A	ND DIRECTO	DRS IN 12
LE ;	Practice 1	☐ DELETE	1.1 TITLE		B 1000日		Change	☐ Addition
ME .	PAPY, D.M.,JR		1.2 NAM	:				
REET ADDRESS			1.3 STRE	ETADDRESS			*	
Y-ST-ZIP	OCALA FL		1.4 CITY-	ST-ZIP				
E .	ST	☐ DELETE	2.1 TITLE				☐ Change	Addition
ME .	PAPY, VIRGINIA W.		2.2 NAME	<u> </u>				
WEET ADDRESS	3401 NE 36TH AVE		2.3 STRE	ET ADDRESS		-		
Y-ST-ZIP	OCALA FL		2.4 CITY	-ST-ZIP	f .	•		
E DAY	V	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
Æ, É	PAPY, DAVID TYLER		3.2 NAME	<u> </u>	•			
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EET ADDRESS	33401 NE 36TH AVE		4.3 STRE	ET ADDRESS	•			
r-ST-ZIP	OCALA FL	All the second of the second o	4.4 CITY-					
.E		☐ DELETE	5.1 TITLE		- 1/2		Change	Addition
tE		•	5.2 NAME				_ , ,,	
EET ADDRESS	•	•	5.3 STRE	ET ADDRESS	. / 4. 19			
-ST-ZIP			5.4 CITY-	.				
E	PACE DIME	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
ıe İ	\$100 Mg 001 1 121 €	<u> </u>	6.2 NAME	ĺ			change	

6.2 NAME 6.3 STREET ADDRESS

attachment with an address, with all other like empowered. President OMP

6.4 CITY-ST-ZIP I hereby certify that the information subplied 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 of suppliemental 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 of 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.

352-622-9642

Daytime Phone #

1/12/99

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90022 006 ***150.00