**FILED** 

Feb 21, 1999 8:00 am Secretary of State

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## FILE NQW: 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 # 356375**

1. Corporation Name								
MATHENY IMPORTS, INC.								
Wattiest in other into					1 100100 10100 10100 1	15 <b>00</b> (1111 1 <b>000</b> ) <b>0</b> (11 <b>0</b> ( <b>0</b> ))	8:80: 818:1 1:80: F	HON ALBER (88)
İ								
Principal Place of Business Mailing Address					<del></del>		Ululi Ululi Bibli 1	ildii bibii ibbi
10277 ATLANTIC BLVD 10277 ATLANTIC BLVD								
JACKSONVILLE FL 32225  JACKSONVILLE FL 32225								
**************************************					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or	Qualifed		
					12/08/1969			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ар	plied For
21 26					59-1278015			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ '''		5. Certifcate of Status D	esired 🗀	\$8.75 A	
City & State		City & State		A 51 41 0 1 5				
23		28		6. Election Campaign Fi Trust Fund Contributi	- 11	\$5.00 Added t		
Zip			Country		<del>-  </del> -			01663
24	25 29 30				8. This corporation owes the current year Intangible Personal Property Tax.		□No	
<del></del>	9. Name and Address of Curren		-	10. Name and Address of New Registered Agent				
matheny, raymond a.			82	Stroot	eet Address (P.O. Box Number is Not Acceptable)			
10277 ATLANTIC BLVD.			02	Sireer	reet Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32225			83					
			84	City			85 Zip 0	n d a
				City		Fl	L   85   Zip 0	Jode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this stateme	nt for the purpose o	f changing its	registered
agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was auti tions of, Section 607.0505, Floric	norized by la Statutes	tne corpo i.	ration's board of directors. I here	sby accept the appo	iintment as reg	gistered
SIGNATURE	-							
				nt signature re	quired when reinstating)	DATE		
12.		OFFICERS AND DIRECTORS 13			ADDITIONS/CHANGE	S TO OFFICERS A		
TITLE	D NEDDOM HALA A	☐ DELETE	1.1 TITLE				Change	Addition
NAME	MERROW, JULIA A		1.2 NAME					1
STREET ADDRESS	10277 ATLANTIC BLVD.			ADDRESS				1
CITY-ST-ZIP TITLE	JACKSONVILLE FL CPD	☐ DELETE	1.4 CITY-S	T-ZIP				- Addition
	T. T		2.1 TITLE				☐ Change	☐ Addition
NAME	MATHENY, RAYMOND A.		2.2 NAME					İ
STREET ADDRESS	10277 ATLANTIC BLVD.			FADDRESS				ĺ
TITLE	JACKSONVILLE FL 32225	- DELETE -	2.4 CITY-5	T-ZIP	· · · · · · · · · · · · · · · · · · ·		[-] Change	Addition -
NAME	BECK, KATHY M.		3.2 NAME					
STREET ADDRESS	10277 ATLANTIC BLVD.		3.3 STREET	· ADDDESS				ļ
CITY-ST-ZIP	JACKSONVILLE FL			- 1				
TITLE	SACKOCITYILLE I L	☐ DELETE	3.4. CITY-5 4.1 TITLE	11-ZIP	<u> </u>		Change	<b></b> Addition
NAME			4.2 NAME		Marcee C Math	eny	change	Klynomon
STREET ADDRESS			4.3 STREET	Annpess	10277 Atlanti	c Blvd		
CITY-ST-ZIP			4.4 CITY-S		Jacksonville		•	
TITLE		□ DELETE 5.1 TF		- 4,31	D		Change	Addition
NAME		5.2			Sara H Mathen	v		35
STREET ADDRESS			5.3 STREET	ADDRESS	10277 Atlantic			1
CITY-ST-ZIP			5.4 CITY-S	r-ZIP	Jacksonville			ſ
TITLE		☐ DELETE	6.1 TITLE		D		☐ Change	Addition
NAME			6.2 NAME		William R Bec	l=	•	
STREET ADDRESS			6.3 STREET	ADDRESS	MITITALL R BECT			Į

1. 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 receives 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 authorizent with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-40

204. CAS-1200

Daytime Phone

CD2E034 (44/00)