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

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90250 010 ***150.00

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1. Corporation Name

		Mailing Address 200 DRIFTWOOD LANE LARGO FL 34640	· .		- DO NOT WRITE IN THIS SPACE			
,					3. Date incorporated or Qualifed			
	<u> </u>	·			12/10/1970			
Principal F	Place of Business	2a. Mailing Address	•		4. FEI Number	<u> </u>	olied For	
21		26			59-1317169		Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax Yes No			
Zip 24	Country 25	Zip [:	Country 30	'				
·	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent		
			81	Name				
PETRO, CLOYD A. 200 DRIFTWOOD LANE				Street Add	t Address (P.O. Box Number is Not Acceptable)			
_	GO FL 34640		83					
			84	City		FL 85 Zip C	ode	
agent. I a					on's board of directors. I hereby accept the a			
12.	OFFICERS ANI		13.	in signature require	ADDITIONS/CHANGES TO OFFICER		RS IN 12	
TITLE	PD	DELETE	1.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	Change	Addition	
NAME	PETRO,CLOYD A.	—	1,2 NAME	1				
	AAA BEIERIAAA LANE	•	B	T ADDRESS				
STREET ADDRESS	LARGO FL		1.4 CITY-S	1				
CITY-ST-ZIP	VDS	DELETE	2,1 TITLE	1-21-		Change	Addition	
	PETRO,MARCIA J.		2.2 NAME	1				
NAME	*** ****		1	T ADDRESS				
STREET ADDRESS	LARGO FL		2.4 CITY-S					
CITY-ST-ZIP	TD .	☐ DELETE	3.1 TITLE	31-21		☐ Change	Addition	
ĨΩrē	PETRO,CLOYD A.		3.2 NAME		ياء به يسينيسني الدامر	·		
NAME				T ADDRESS				
STREET ADDRESS	I							
CITY-ST-ZIP	LARGO FL	☐ DELETE	3.4. CITY-5 4.1 TITLE	51.21		☐ Change	☐ Addition	
TITLE		_ DEEC IL	4.1 MAME				_	
NAME	_}		3	J		-		
STREET ADDRESS	5			T ADDRESS				
CITY-ST-ZIP	1. Sec. 18. 8. 8.	☐ DELETE	4.4 CITY-S 5.1 TITLE	11-21		Change	Addition	
TITLE NAME	1.00 7.00 10.00							
	ن ت	L. VELLIC		1				
_	2,3	C OLLLE	5.2 NAME	TADORESS				
STREET ADDRESS		C) OCCU	5.2 NAME	TADORESS				

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition