FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANN JAL REPORT

1999



FLORIDA DEPAFTMENT OF STATE Katherine Harris

Secretar / of State

DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90142 037 ***150.00

DOCUMENT # 385008

1. Corporation Name

REFDY	CREEK	FNFRGY	SERVICES.	INC
KEEDI	UKEEN	ENEKOI	SEKTILES.	THE

Principal Place of Business Mailing	Address

		DO NOT WRITE IN THIS	SPACE	
		3. Date Incorporated or Qualifed 06/30/71		
2. Principal Place of Business 2a. Mailing Add	fress	4. FEI Nuniber	1	Appliad For
	TH BUENA VISTA STREET	95-2701363		Not Applicable
Suite, Apt. #, etc. Suite, Apt. : 22 4TH FLOOR NORTH 27	#, etc.	5. Certifcate of Status Desired	4	Additional Required
City & State City & State	9	6. Election Campaign Financing	\$5.00	0 мау Ве
23 LAKE BUENA VISTA, FL 28 BURBANK	·	Trust Fund Contribution	Added	d to Fees
Zip Countr, Zip 24 32830 25 USA 29 91521-09	Country 586 30 USA	8. This corporation owes the current year Int		
24 32830 25 USA 29 91521-05 9. Name and Address of Current Registered Agent		Persona Property Tax. 10. Name and Address of New Registered	X Yes	□ No
5. Name and Addit 55 of Current Fegistered Agent	81 Name	IV. Name a id Address of New Registered	Agent	
IOPPOLO, FRANK S.				
1375 BUENA VISTA DRIVE	82 Street A	Address (P.O. Box Number is Not Acceptable)		
4TH FLOOR NORTH	83			
LAKE BUENA VISTA, FL 32830			1	
	84 City	FL	85 Zip	Code
11. Pursuan to the provisions of Sections 607.0502 and 607.1508, Flor office or registered agent, or both, in the State of Florida. Such charagent, 1 am familiar with, and accept the obligations of, Section 607	nge was at thorized by the corpo	conjoration submits this statement for the purpose or rration's board of directors. I hereby accept the appo	changing it ntment as r	ts registered egis ered
SIGNATURE Signature, typed or printed name of registered agent ar d title if applicable	(NOTE: Registered Agent signature re	quin d when reinstating) DATE		— <i>-</i> —
12. CFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE PD	DELETE 1.1 TITLE		Change	Addition
NAME GREEN, JUDSON C.	12 NAME			
STREET ADDRESS 500 SOUTH BUENA VISTA STREET	13 STREET ADDRESS			
CITY-ST-ZIP BURBANK, CA 91521	1.4 CITY - ST - ZIP			
	DELETE 2.1 TITLE		Change	Addition
NAME IOPPOLO, FRANK S.	2.2 NAME			
STREET ADDRESS 1375 BUENA VISTA DRIVE	2.3 STREET ADDRESS			
CITY-ST-ZIP LAKE BUENA VISTA, FL 32830	2 4 CITY-ST-ZIP DELETE 3.1 TITLE		[] Change	Addition
¥1			Change	Addition
NAME CARPENTER, FARRIS E.	3.2 NAME			
STREET ADDRESS 1375 BUENA VISTA DRIVE	3.3 STREET ADDRESS			
TITLE D LAKE BUFNA VISTA, FL 32830	DELETE 4.1 TITLE		Change	Addition
, , , , , , , , , , , , , , , , , , ,	4. 2 NAME)
LITTACK, SAUTORD M.	4.3 STREET ADDRESS			
JOO JOUIN DOLLA TISIN STALL	4.4 CITY-ST-ZIP			
	DELETE 51 TITLE		Change	Addition
NAME REED. MARSHA L.	5 2 NAME			
STREET ADDRESS 500 SOUTH BUENA VISTA STREET	5.3 STREET ADDRESS			
CITY-ST-ZIP RUDRANK CA 91521	5.4 CITY-ST-ZIP			
TITLE C	DELETE 61 TITLE	AT	☐ Change	Addition
NAME	6.2 NAME	BUETTNER, ANNE L.		
STREET ADDRESS	6 3 STREET ADDRESS	500 SOUTH BUENA VISTA STREET		1
CITY-ST-ZIP	6 4 CITY-ST-ZIP	BURBANK, CA 91521	if , that the	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(S)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arroual 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.

SIGNATURE:

MARSHA L. REED
SIGNATURE AND TYPED OR PEINTED NAME OF SIGNING OFFICER THE

(818) 560-1000

Laytime Phone #