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

Mailing Address P.O. BOX 700247

2a. Mailing Address

1217 KENTUCKY AVENUE ST. CLOUD FL 34770

Suite, Apt. #, etc.

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

P.O. BOX 1025 (ZIP-34298-1025) 246 E. FT. DADE AVE.

BROOKSVILLE FL 34601-2612

2. Principal Place of Business

Suite, Apt. #, etc.



BRAYTON & BRAYTON, ACCOUNTANTS, INCORPORATED

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

<u>05/23/1972</u>

4. FEI Number 59-1409994

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90169 010 \*\*\*150.00

## 

| .   1801   618   0810  188  180   80   108  618  619   619   619   619   619   619   619   619   619   619   6 |
|----------------------------------------------------------------------------------------------------------------|
| DO NOT WRITE IN THIS SPACE                                                                                     |

Applied For

\$8.75 Additional

Fee Required

Not Applicable

| (Z)                  |                                                                 | 4.1        |                       |               |        |                              |                                                    |             |             |                 |              |
|----------------------|-----------------------------------------------------------------|------------|-----------------------|---------------|--------|------------------------------|----------------------------------------------------|-------------|-------------|-----------------|--------------|
| City & State         |                                                                 |            | City & State          |               |        |                              | Election Campaign Fina     Trust Fund Contribution | ncing [     | ]           | \$5.00<br>Added |              |
| Zip ·                | Country                                                         |            | Zip Cour              |               |        | 8. This corporation owes the |                                                    |             | year Inta   |                 |              |
| 24                   | 25                                                              | 29         |                       | 30            |        |                              | Personal Property Tax.                             |             |             | Yes             | □No          |
|                      | 9. Name and Address of Curren                                   | t Registe  | ered Agent            |               |        |                              | 10. Name and Address of                            | New Reg     | istered     | Agent           |              |
| ·                    |                                                                 |            |                       |               | 81     | Name                         |                                                    |             |             |                 |              |
| BRAYTON, CHARLES A.  |                                                                 |            |                       |               | 82     | Stroot Ad                    | dress (P.O. Box Number is Not A                    | ccentable   | <del></del> |                 |              |
| 246 FORT DADE AVENUE |                                                                 |            |                       |               | **     | Street Aut                   | itess (F.O. Box 14th Del 15 1401)                  | ,           |             |                 |              |
| BRO                  | OKSVILLE FL 34601                                               |            | •                     |               | 83     |                              |                                                    |             |             |                 |              |
|                      |                                                                 |            |                       |               |        |                              |                                                    |             |             |                 | 0.4.         |
|                      |                                                                 |            |                       |               | 84     | City                         |                                                    |             | FL          | 85   Zip (      | Code         |
| 11 0                 | to the provisions of Sections 607.050                           | 2 and 60   | 7 1508 Florida Statu  | ites the s    | hove   | -named co                    | poration submits this statement                    | for the pur | pose of     | changing its    | registered   |
| office or r          | egistered agent, or both, in the State (                        | of Florida | a. Such change was a  | authorize     | d by 1 | the corpora                  | tion's board of directors. I hereb                 | accept th   | e appoi     | ntment as re    | gistered     |
| agent. I a           | m familiar with, and accept the obligat                         | ions of,   | Section 607.0505, Flo | orida Stat    | utes.  |                              |                                                    |             |             |                 |              |
| SIGNATURE            |                                                                 |            |                       | 5 B           | 4 8    | alamatus a                   | and when reinstating)                              |             | DATE        | <del></del>     |              |
| 12.                  | Signature, typed or printed name of registered agen OFFICERS AN |            | <del></del>           | E: Registered | Agent  | signature requi              | red when reinstating) ADDITIONS/CHANGES            |             |             | D DIRECTO       | RS IN 12     |
|                      | PD OFFICERS AIN                                                 | DINEC      | ☐ DELETE              | 1.1 Ti        | TIF    |                              |                                                    |             |             | ☐ Change        | Addition     |
| TITLE                | - <del>-</del>                                                  |            | _ beec.               | 1.2 N         |        |                              |                                                    |             |             |                 |              |
| NAME                 | BRAYTON, CHARLES A                                              |            |                       |               |        | 1000C00                      |                                                    |             |             |                 |              |
| STREET ADDRESS       | 806 S. 21ST STREET                                              |            |                       |               |        | ADDRESS                      |                                                    |             |             |                 |              |
| CITY-ST-ZIP          | DADE CITY FL                                                    |            |                       | _             | TY-ST  | -ZiP                         |                                                    |             |             | ☐ Change        | [ ] Addition |
| TITLE                | DSVP                                                            |            | ☐ DELETÉ              | 2.1 T         |        |                              |                                                    |             |             | ☐ Criange       | ☐ Addidon    |
| NAME                 | BRAYTON,KRISTIN J                                               |            |                       | 2.2 N         | AME    |                              |                                                    |             |             |                 |              |
| STREET ADORESS       | 2415 CRANE COURT                                                |            |                       | 2.3 5         | TREET  | ADDRESS                      | •                                                  |             |             |                 | •            |
| CITY-ST-ZIP          | ST CLOUD FL                                                     |            |                       | 2.40          | TY-ST  | T-ZIP                        |                                                    |             | - , /       |                 |              |
| TITLE                |                                                                 |            | ☐ DELETE              | 3.1 T         | TLE    |                              |                                                    |             |             | ☐ Change        | Addition     |
| NAME                 |                                                                 |            | •                     | 3.2 N         | AME    |                              |                                                    |             |             |                 |              |
| STREET ADDRESS       |                                                                 |            |                       | 3.3 \$        | TREET  | ADORESS                      |                                                    |             |             |                 |              |
| CITY-ST-ZIP          |                                                                 |            |                       | 3.4. 0        | ATY-SI | T-ZIP                        |                                                    |             |             |                 |              |
| TITLE                |                                                                 |            | ☐ DELETE              | 4.1 T         | TLE    |                              |                                                    |             |             | ☐ Change        | ☐ Addition   |
| NAME                 |                                                                 |            |                       | 4,21          | AME    |                              |                                                    |             |             |                 |              |
| STREET ADDRESS       |                                                                 |            |                       | 4.3 S         | TREET  | ADDRESS                      |                                                    |             |             |                 |              |
| CITY-ST-ZIP          |                                                                 |            |                       | •             | ITY-ST |                              |                                                    |             |             |                 |              |
| TITLE                |                                                                 |            | □ DELETE              | 5.1 T         |        |                              |                                                    |             |             | Change          | ☐ Addition   |
| NAME                 |                                                                 |            |                       | 5.2 N         | AME    |                              |                                                    |             |             |                 |              |
| STREET ADDRESS       |                                                                 |            |                       | 5.3 S         | TREET  | ADDRESS                      |                                                    |             |             |                 |              |
|                      |                                                                 |            |                       | 5.4 C         | ITY-ST | -ZIP                         |                                                    |             |             |                 |              |
| CITY-ST-ZIP<br>TITLE |                                                                 |            | □ DELETE              | 6.1 T         |        | <del>+-</del>                |                                                    |             |             | Change          | Addition     |
|                      |                                                                 |            |                       | 6.2 N         | AMF    |                              |                                                    | ,           | ı           |                 |              |
| NAME                 |                                                                 |            |                       |               |        | ADDRESS                      |                                                    |             |             |                 |              |
| STREET ADDRESS       |                                                                 |            |                       |               |        |                              |                                                    |             |             |                 |              |
| CITY-ST-ZIP          |                                                                 |            |                       | 6.4 C         | ITY-ST | - 4.17                       |                                                    |             |             | <del></del>     |              |

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 appendences, with all other like empowered.

SIGNATURE: