

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90025 045 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 426944

1. Corporation Name
70, INC.

Principal Place of Business

102 S MAIN ST
ALACHUA FL 32615
US

Mailing Address

P O BOX 519
ALACHUA FL 32616
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1973

4. FEI Number

59-1695699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

TOMPKINS, DARRYL J.
102 S MAIN ST
P O BOX 519
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name

Tompkins, Darryl J.

82 Street Address (P.O. Box Number is Not Acceptable)

14706 Main Street

83

84 City

Alachua

FL

85 Zip Code

32615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/99
DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME LAST, RONALD
STREET ADDRESS 13480 OAKMEADE
CITY-ST-ZIP PALM BCH GARDENS FL 33418

TITLE SD ☐ DELETE

NAME TOMPKINS, DARRYL J.
STREET ADDRESS 102 S MAIN ST
CITY-ST-ZIP ALACHUA FL 32615

TITLE PD ☐ DELETE

NAME LAST, HANS
STREET ADDRESS 13480 OAKMEADE
CITY-ST-ZIP PALM BCH GARDENS FL 33418

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ Addition

1.2 NAME Last, Ronald
1.3 STREET ADDRESS 21 Via Verona
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME Tompkins, Darryl J.
2.3 STREET ADDRESS 14706 Main Street
2.4 CITY-ST-ZIP Alachua, FL 32615

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Darryl J. Tompkins, Secretary

4/16/99
Date

(94)418-1000
Daytime Phone #

CR2E034 (11/98)