COR ANNU	PROFIT RPORATION JAL REPORT 1999	FEE AFTER	MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED Apr 06, 1999 8:00 am Secretary of State 04-06-1999 90041 016 ***150.00		
1. Corporation	MENT # 438	5995					
Principal Place of Business Mailing Address 1630 HIGHWAY 243 1630 HIGHWAY 243 TOWNVILLE SC 29689 TOWNVILLE SC 29689					DO NOT WRITE IN		
2. Principal Pl	ace of Business	2a. N	Address		3. Date Incorporated or Qualifed 09/13/1973 4. FEI Number	Apr	blied For
Suite, Apt.	- · · ·	- 26 S	uite, Apt. #, etc.		59-1507036 5. Certificate of Status Desired	\$8.75 A	
City & State	8		City & State		6. Election Campaign Financing	Fee Rec \$5.00 M Added to	May Be
23 Zip 24	Country 25 9. Name and Address	29		Country 30	Trust Fund Contribution Trust Fund Contribution This corporation owes the current yes Personal Property Tax. Name and Address of New Register	ar Intangible	
3052	Quardt, C. Ann Sw Sunset Trace I City FL 34990			82 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	ado
office or re	edistered agent or both is	ons 607.0502 and 607 n the State of Florida.	Such change was at	ithonzed by the corporat	poration submits this statement for the purpor	FL 85 Zip C se of changing its r appointment as reg	registered
office or re agent. I ar SIGNATURE	to the provisions of Section egistered agent, or both, i m familiar with, and accep Signature, typed or printed name of	ons 607.0502 and 607 n the State of Florida. of the obligations of, S	Such change was all ection 607.0505, Flor	es, the above-named corr uthorized by the corporation	poration submits this statement for the purpo ion's board of directors. I hereby accept the a ad when reinstating) DA*	FL se of changing its r appointment as reg	egistered istered
office or re agent. I ar SIGNATURE 12.	egistered agent, or both, i m familiar with, and accep Signature, typed or printed name of OFI	ons 607.0502 and 607 n the State of Florida. of the obligations of, S	Such change was all ection 607.0505, Flor oplicable. (NOTE: FORS	es, the above-named con uthorized by the corporati ida Statutes. Registered Agent signature require 13.	poration submits this statement for the purpo ion's board of directors. I hereby accept the a	FL se of changing its r appointment as reg re S AND DIRECTO	registered istered RS IN 12
office or re agent. 1 ar SIGNATURE 12. 17LE IMME ITREET ADDRESS	signature, typed or printed name of OFI PD WRIGHT, GEORGE C 224 JOLLY ROAD	ons 607.0502 and 607 n the State of Florida. It the obligations of, S registered agent and title if a FICERS AND DIRECT	Such change was all ection 607.0505, Flor	Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the purpo ion's board of directors. I hereby accept the a ad when reinstating) DA*	FL se of changing its r appointment as reg	registered istered
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