FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90222 040 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

•	1999	DIVISION OF CO	RPORATIONS	03-04-1999 9022	22 040 ***150.00
	MENT # 444751				11 8:811 8:011 8:111 8:011 8:011 8:011 1881
					<u> </u>
Principal Place	of Business	Mailing Address			
5053 OCEAN BLVD. 5053 OCEAN BLVD.					
# · EG		#128 Sarasota Fl 34242		DO NOT WRITE IN	N THIS SPACE
SARASOTA FL 34242 US		US		3. Date Incorporated or Qualifed	
				01/24/1974	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1770757	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	پ د خود دید	27		J. Certificate of Cratics Desired	Fee,Required
City & State	-	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	· Country	Zip	Country	8. This corporation owes the current y	/ear Intangible ☐Yes ☐No
24	25	29 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Regis	
9. Name and Address of Current Registered Agent 10. Name and Address of 81 Name					
TIDDETT VAN D				Jean C. Tippett	
5230 WINDING WAY			82 Street A	ddress (P.O. Box Number is Not Acceptable) 5230 Winding Way	
SARASOTA FL 34242				52,50 WINGING May .	-
			84 City	Sarasota,	FL 85 Zip Code 3 4 2 4 2
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named c	corporation submits this statement for the purpration's board of directors. I hereby accept the	ose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth ations of, Section 607,0505, Florid	orized by the corpor a Statutes.	ration's board of directors. I hereby accept the	appointment as registered
SIGNATURE	JEAN C. TIPI	PETT	Noaut.	Diapett	211/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.			egistered Agent signature red		DATE OTODO MI 40
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	Change XXAddition
TITLE	D TIDDETT LANGE D	☐ DELETE	1.1 TITLE	S	C outside Y Vuggingi
NAME	TIPPETT, JAMES B		1.2 NAME		
STREET ADDRESS	5230 WINDING WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000 PD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	TIPPETT, JEAN C	Doctor	2.2 NAME		
NAME	5230 WINDING WAY		2.3 STREET ADDRESS		
STREET ADORESS	SARASOTA, FL 00000		2.4 CITY-ST-ZIP	_	
CITY-ST-ZIP	SD		31 TITLE		☐ Change ☐ Addition
NAME	TIPPETT, VAN R	,	3.2 NAME		
STREET ADDRESS	5230 WINDING WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000		3.4. CITY-ST-ZIP		
TITLE	0,10100171, 12 00000	DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	· 		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
			62 NAME		

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1 Jean C. Tippett 2/4/99