FILE NOW: FILING FEE AFTER MAY 1ST IS \$	550.00 (XY)	emled				
PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARTM Katherine Secretary of	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED			
1999 DIVISION OF CORPORATIONS DOCUMENT # 447450		99 JUL	-1 PM12: 19)		
1. Corporation Name		SECRETARY OF STATE				
) · · · · · · · · · · · · · · · · · · ·	s, Inc.	TALLAHA	SSEE, FLORIDA	ı		
Principal Place of Business 525-B John Kwok Rd Mailing Address O. (30x4234					
Tallahassee FL 32315 Tallaha	1500 P	DO NOT	WRITE IN THIS SPA	CE.		
2. Principal Place of Business 2a. Mailing Address	5-0.5	3/13/19 4. FEI Number	74	Applie	d For	
26 G S · 11	n St.	59-15339	26	Not Ar	pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. [27]		5. Certifcate of Status Desir	ed 🗌 🍣	8.75 Addi Fee Requi		
City & State 23 City & State 24 City & State		Election Campaign Finan Trust Fund Contribution	- (1	55.00 Ma Added to F		1
Zip Country Zip	Country	8. This corporation owes the	current year Intangit	ole		1
24 25 29 335 30 9. Name and Address of Current Registered Agent		Personal Property Tax 10. Name and Address of N	[]\ lew Registered Ager		No.	
Flizabeth R. Maxuell.	81 Name A	L M. Gun				
525-RJOHN KINN RO	82 Street Addres	ss (P.O. Box Numberlis Not Ac	eeptable)			
7 11 2 23315	83					
TALLANASSEE TL JOSIS	B4 COW	Nal	FL 8	Zin Sod	×1	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, toffice or registered agent, or both, in the State of Florida. Such change was authoragent. I ampfamiliar with, and accept the obligations of, Section 607.0505, Florida. 	the above-named corpor prized by the corporation	ration submits this statement for's board of directors. I hereby		ging its reg nt as regist	istered ered	
SIGNATURE CALLY A SUM ALL M GUNN SIGNATURE CALLY Spot or planted name of registered agent and talle of applicable (NOTE Reg	HCSIDW istered Agent signature required v	when reinstaling)	DATE 94			6
12. OFFICERS AND DIRECTORS TITLE DICT FIZABOL MON. X DELETE	13.	ADDITIONS/CHANGES TO		<i>.</i>	IN 12 _] Addition	(11/98
NAME FOR DITTIONS POR	1.2 NAME	[MGuyn			}	F034 (
STREET ADDRESS DEAD- BY JOHN MOX DO 15 CITY-ST-ZIP TALL AND STORE FL 32315	1.3 STREET ADDRESS	wing F (323	51			37 7
TITLE DIVECTOR MOULT	2 1 TITLE	istrajous	<u> </u>	Change [] Addition	Ö
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STREET ADDRESS 585-B John Link KO	3 3 STREET ADDRESS	90 & 11/2 BF	V351		1	1
THE DIRECTOR 11 DELETE	4.1 THTLE	vector	(23)	enange [Addition	ĺ
MAR Gracy J Maxwell of	4 2 NAME	The Forehan	d			
GREET ADDRESS SAS-15 JOHN KWIP NO	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	mina F(333	351			į
TITLE DELETE	51 TITLE 52 NAME	0		Change [Addition	
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CITY-ST-ZIP TITLE DELETE	54 CITY-ST-ZIP 61 TITLE		7/07/9901 ****61.25 cm			
NAME STORY	62 NAME		\	D . 0	a	
STREET ADDRESS	6.3 STREET ADORESS 6.4 CITY-ST-ZIP			7-1-4	•	
Cry. 51.29 14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate	exemption stated in Se	ection 119.07(3)(i), Florida State	ites. I further certify th	at the infor	mation	
officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if changed, or on an attachment with an address, with all oth	ute this report as require	ed by Chapter 607, Florida Sta	tutes; and that my na	ne appears	in	
SIGNATURE: GGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR		un 7/1/9	9 850	855 G	Sys	1
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