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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 464963 1. Corporation Name

Principal Place of Business

ARJAY INDUSTRIES, INC.

2020 WILD ACRES RD. LARGO FL 33771 US		2020 WILD ACRES RD. LARGO FL 33771 US		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 11/13/1974			
2. Principal Pl	ace of Business	2a. Mailing Address		-	4. FEI Number		Ąŗ	pplied For
<u></u>		26			59-1563156		No	ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	.,, =	27			5. Certificate of Status Desired		Fee Ro	equired
City & State	<u> </u>	City & State			6. Election Campaign Financing		\$5.00	May Be
_	•	28			Trust Fund Contribution	Ω		to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	ent vear Inta	ingible	
¬ `	25	29 30	ก์		Personal Property Tax.		Yes	™No
24	9. Name and Address of Curren	<u></u>		**	10. Name and Address of New	Registered A	gent	
	5. Italiio and Addition of Carrott		81	Name				
COT	rell. Robert							
	6 HARBORWOOD DR.		82	Street Add	dress (P.O. Box Number is Not Accept	able)		
	GO FL 33774		83	 				
EAIN	JO 1 E 35/14		63		•			ļ
	•		84	City		. FI	85 Zip	Code
			<u>i</u> _	<u></u>	<u> </u>	<u>FL</u>	<u> </u>	
office or reagent. I as	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				poration submits this statement for the tion's board of directors. I hereby acce		en as re	igistered
OIO/IV/TO/AE	Signature, typed or printed name of registered agen			nt signature requi	ired when reinstating)	DATE		000 111 40
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	
TITLE	P	☐ DELETE	1.1 TITLE		•		C) Change	☐ Addition]
NAME	COTTRELL, ROBERT L.		1.2 NAME					ļ
STREET ADDRESS	12816 HARBORWOOD DR.		1.3 STREE	TADDRESS				
CITY-ST-ZIP	LARGO FL 33774		1.4 CITY-S	ST-ZIP				
TITLE	S	☐ DELETE	2.1 TITLE				Change	Addition
NAME	COTTRELL, JUDITH E.		2.2 NAME				•	Ì
STREET ADDRESS	12816 HARBORWOOD DR.		2.3 STREE	TADORESS				1
CITY-ST-ZIP	LARGO FL 33774	1	2. 4 CITY-5	ST-ZIP				
TITLE	B 1100 / E 00.7.7.	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
				T ADDRESS				
STREET ADDRESS			3.4. CITY-					
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	51-2IF			Change	☐ Addition
TITLE			4. 2 NAME					
NAME		!	1					
STREET ADDRESS				TADDRESS				1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	51-ZIP			.[] Change	Addition
TITLE		☐ here i.e	5.1 TITLE 5.2 NAME]		•		
NAME			1	T ADDRESS				ļ
STREET ADDRESS								
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	SI-ZIP		<u> </u>	[] Chanca	Addition
TITLE		☐ DELETE	6.1 TITLE	1			Change	I Vocadu
NAME			6.2 NAME]
CTDEET ADDRESS			6.3 STREE	TADDRESS				

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.

6.4 CITY-ST-ZIP

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90031 013 ***150.00

CR2E034 (11/98)