## 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

## DOCUMENT # 467505 1. Corporation Name

19990 BCC

ELORIDA NATIONAL CORPORATION

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90044 043 \*\*\*150.00

FEORIDA	ATTOTAL COM CIMICA				<u>.</u>			
Principal Place	of Business	Ma	ailing Address			1		
OCCO FLAT TOP POAD			2268 FLAT TOP ROAD					
BLOWING ROCK NC 28605			BLOWING ROCK NC 28605			DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualifed		
						01/14/1975	<del></del>	
2. Principal Pla	re of Business	2a.	Mailing Address			4. FEI Number	<u> </u>	plied For
2. Fillicipal Fla	00 01 Buoniove	26				58-1447655	\$8.75 A	t Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	
22		27				a Station Compains Figureing	\$5.00	
City & State		$\vdash$	City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23		28	Zip	Cou	ntry	8. This corporation owes the current year li	ntangible	
Zip	Country	-		30	,	Personal Property Tax.	∐Yes	□Ņo
24	9. Name and Address of Curren	29				10. Name and Address of New Registere	J Agent	
	9. Name and Address of Curren	i regi	ner on Mary		81 Name	÷		
KOGF	R, DOUGLAS B.				82 Street Add	fress (P.O. Box Number is Not Acceptable)		
4850	OCEAN BCH., BLVD.	1			Oz Gueer Auc	1000 V 101 201 101 101 101 101 101 101 101 101		ng garage Ng kanalaga
SUITE	508				83		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	)A BCH. FL 32931				84 City		85 Zip (	Code
	•		•		1 1 1	poration submits this statement for the purpose tion's board of directors. I hereby accept the app		
agent. Far	Signature, typed or printed name of registered age	nt and title	e if applicable. (NOTE:	Registere		poration submits this statement for the purpose tion's board of directors. I hereby accept the apparent when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS	-	· <u>·</u>
12.	OFFICERS AI	ND DIR		13	<del></del>		Change	Addition
TITLE	VD		☐ DÉLETE	1,1 T			,	
NAME .	KOGER, DOUGLAS B.				AME			
STREET ADDRESS	2268 FLAT TOP ROAD				TREET ADDRESS		1 1	
CITY-ST-ZIP	BLOWING ROCK, NC 00000		[] DELETE	_	TTLE		Change	
TITLE .	STD		C SCIENC		IAME			
NAME	KOGER, PALMA			- I	STREET ADDRESS			
STREET ADDRESS	2268 FLAT TOP ROAD	,			CITY-ST-ZIP		<u></u>	
CITY-ST-ZIP	BLOWING ROCK, NC 00000	,	☐ DELETE	_	TITLE		☐ Change	Addition
TITLE	VPAS FORD, KAREN		_	3.2	VAME	•		
NAME .	1077 FORD ROAD	e i		3.3	STREET ADDRESS	Street Land to the Control		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	BOONE NC 28607			3.4.	CITY-ST-ZIP		☐ Change	Addition
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NAME .				4. 2	NAME			
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STREET ADDRESS				1	STREET ADDRESS	are the second		
CITY-ST-ZiP	<u></u>				CITY-ST-ZIP	<u> </u>	Change	e
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NAME					NAME		11. 11	
STREET ADDRESS		•		•	STREET ADDRESS			
CITY-ST-ZIP				6.4	CITY-ST-ZIP	in Section 119.07(3)(i). Florida Statutes. I further	certify that the	a information

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: