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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 480199

1. Corporation Name

HUSTED ENTERPRISES, INC.

Principal Place	of Business	Mailing Address								
520 NO INDIAN		520 NO INDIAN ROCKS RD			Ì					
BELLEAIR BLUFFS FL 33770 US		BELLEAIR BLUFFS FL 33770 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					3					
						07/08/1975				
2. Principal Pl	ace of Business	2a. Mailing Address			4	4. FEI Number			Appli	ed For
21		26				59-1602899			Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				1
22		27). Certificate of Status Desired		Fe	e Requ	iired
City & State	g	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			ded to i	rees
Zip	Country	Zip	Country	1	8	B. This corporation owes the curr		ingible ∐Yes	г]No
24	25	29 30	0			Personal Property Tax. O. Name and Address of New F				
	9. Name and Address of Curren	t Registered Agent	81	Na		J, Name and Address of New .	tegioterour			
HUS	ted, Jeanne ann			<u> </u>						
	n. Mineola dr.		82	! Str	reet Address ((P.O. Box Number is Not Accepta	able)			i
,			83	;						
BELL	EAIR BLUFFS FL.33770		L					85	Zip Co	
			84	Cit	ty		FL	65	Zip Co)
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	/e-nar	med corporation	on submits this statement for the	purpose of c	hangin	g its re	gistered
office or re	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	nonzea by	∕tne c	corporation s t	board of directors, i nereby accep	pt the appoin	imeni a	15 regis	Rereu
=	III laitina man and accept no g-	,		-		•				
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	egistered Age	ant signs	ature required wher		DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	D DIRE		S IN 12 Addition
TITLE	PD ITTO TELLULE	☐ DELETE	1.1 TITLE						rige	
NAME	HUSTED, JEANNE		1.2 NAME							1
STREET ADDRESS	2417 N MINEOLA DR		1.3 STREE		RESS					
CITY-ST-ZIP	BELLEAIR BLUFFS FL	□ DELETE	1.4 CITY-S					☐ Cha	nne	Addition
TITLE			2.1 TITLE						ngc .	
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREE							1
CITY-ST-ZIP		DELETE	2. 4 CITY-			· 		☐ Cha	anne	Addition
TITLE		C) DELETE	3.1 TITLE						ii igo	, Add 15011
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE							!
CITY-ST-ZIP		☐ DELETE	3.4. CITY-:					☐ Cha	nge	Addition
TITLE		C Defete	4.1 ITILE 4.2 NAME							
NAME			4.2 NAME		ncee					
STREET ADDRESS			4.4 CITY-5		RESS					į
CITY-ST-ZiP		☐ DELETE	5.1 TITLE		_			☐ Cha	ange	Addition
TITLE			5.2 NAME						-	_
NAME			5.3 STREE	ET ADOF	RESS					
STREET ADDRESS			5.4 CITY-5							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		_			☐ Cha	ange	Addition
NAME			6.2 NAME						-	
NAME					1					

CITY-ST-ZIP 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

STREET ADDRESS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90158 018 ***150.00