PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90105 029 ***150.00

DOCUMENT # 492134

OR. GEO	ORGE G. HUDSON, P.A.									
Principal Plac	e of Business	Mailing Address				1 188111 bidib ibre iifbe iifti ait. 41	4 9 7 9 21 8 1812 1	11611 011	itt kidit 19as	
3030 TAMIAMI	TRAIL	3030 TAMIAMI TRAIL								
SARASOTA FL		SARASOTA FL 34239				DO NOT WENTS IN THE	IC CDACE			
						DO NOT WRITE IN TH	IS SPACE			}
						3. Date Incorporated or Qualifed				
						12/05/1975		Land	ind Eng	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	}-		ied For Applicable	
21		26				59-1658593	- 20		Iditional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		r JAC e Req		
22		27								
City & Stat	e	City & State				6. Election Campaign Financing		.OU M	lay Be	
23		28	Cau			Trust Fund Contribution			r eus	
Zip	Country	_		ttu y 5		≥8.=This corporation owes the current year! Personal Property Tax.	Yes		JNo	-
24	25		30	·		10. Name and Address of New Registers		<u>~</u>		
	9. Name and Address of Current	Registered Agent		81	Name	10. Harre Stid Address of New Auguston				
mu	n F. Pitcher									
2033 MAIN ST., SUITE 887 100				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			,	١.
	BOX 1511		-							
	ASOTA FL 34230			83						
SAIR	ASUIA FL 34230			84	City		85	Zip Co	xde	
						<u></u>	<u> </u>	- 4		
11. Pursuant office or r agent, 1 a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	and 607.1508, Florida Statute: If Florida, Such change was autors of, Section 607.0505, Flori	s, the al thorized da Stati	bove iby t utes.	-named corpor the corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	ointment a	is tegi	stered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if explicable (NOTE:	Renistered	Ageni	signature required	when reinstating) DATE			l	=
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS			S IN 12	ğ
TITLE	PD					ADDITIONS CIPAGES TO CITICCITO	AND DIRE	CTOR		
	, i D	OELETE	1.1 70	TLE .		ABBITONS CITATOES TO OTT TOCKS	AND DIRE		Addition	È
	HUDSON GEORGE G.	☐ OELETE	1.1 TO			ADDITIONS OF INIGES TO OFFICE TO				± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±
NAME STREET ADDRESS	HUDSON, GEORGE G.	☐ OELETE	12 NA	WE	ADDRESS	ADDITIONS CHARGES TO OFFICERS				F034 (1
STREET ADDRESS	3227 PINE VALLEY DRIVE	☐ OELETE	12 NA 13 ST	WE REET	ADORESS	ADDITIONS OF TAXABLE TO OF TOURS				32E034 (1
STREET ADDRESS CITY-ST-ZIP	3227 PINE VALLEY DRIVE SARASOTA FL	☐ DELETE	12 NA 13 ST 14 CF	WE REET/		ADDITIONS OF TAXABLES TO OF TOURIO		inge		CR2F034 (11/98)
STREET ADDRESS CITY-ST-ZIP TITLE	3227 PINE VALLEY DRIVE SARASOTA FL S		12 NA 13 ST 14 CF 2.1 TF	WE REET/ IY-ST- ILE		ADDITIONS CLINICAL TO CITTOLIC	Che	inge	☐ Addition	CR2F034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME	3227 PINE VALLEY DRIVE SARASOTA FL S HUDSON, VIRGINIA		12 NA 13 ST 14 CF 2.1 TF 2.2 NA	WAE TREET / TY-ST- TLE WAE	ZIP	ADDITIONS CLARGES TO OTT TOLKS	Che	inge	☐ Addition	CR2F034 (1-
STREET ADDRESS CITY. ST-ZIP TITLE NAME STREET ADDRESS	3227 PINE VALLEY DRIVE SARASOTA FL S HUDSON, VIRGINIA 3227 PINE VALLEY DRIVE		12 M 13 ST 14 CA 2.1 TA 2.2 M 2.3 ST	WE REET/ TY-ST- TLE WE REET/	ADDRESS	ADDITIONS CLARGES TO OTT TOLLIO	Che	inge	☐ Addition	CR2F034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3227 PINE VALLEY DRIVE SARASOTA FL S HUDSON, VIRGINIA 3227 PINE VALLEY DRIVE SARASOTA FL	DELETE	12 M 13 ST 14 CF 2.1 TF 2.2 M 2.3 ST 2.4 CF	WEET/ TY-ST- TLE WEET/ TY-ST	ADDRESS	ADDITIONS CLARGES TO GITTOLING	Che	nge	☐ Addition	CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3227 PINE VALLEY DRIVE SARASOTA FL S HUDSON, VIRGINIA 3227 PINE VALLEY DRIVE SARASOTA FL D		12 NA 13 ST 14 CA 2.1 TA 22 NA 23 ST 2.4 CA 3.1 TA	TY-ST- FLE WAE REET/ TY-ST	ADDRESS	ADDITIONS CLARGES TO OTT TOLLIO	☐ Cha	nge	Addition	CR2F034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3227 PINE VALLEY DRIVE SARASOTA FL S HUDSON, VIRGINIA 3227 PINE VALLEY DRIVE SARASOTA FL D HUDSON, VIRGINIA	DELETE	12 NA 13 ST 14 CM 2.1 TM 22 NA 2.3 ST 2.4 CM 3.1 TM 3.2 NA	WAE TY-ST- TLE WAE TY-ST TLE TY-ST	-ZIP ADDRESS I-ZIP	ADDITIONS CLARGES TO OTT TOLLIO	☐ Cha	nge	Addition	CR2E034 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3227 PINE VALLEY DRIVE SARASOTA FL S HUDSON, VIRGINIA 3227 PINE VALLEY DRIVE SARASOTA FL D HUDSON, VIRGINIA 3227 PINE VALLEY DRIVE	DELETE	12 NA 13 ST 14 CL 2.1 TM 22 NA 2.3 ST 2.4 CL 3.1 TM 3.2 NA 3.3 ST	TREET / TY-ST- TLE TY-ST TLE TY-ST TLE THE THE THE THE THE THE THE THE THE TH	ADDRESS 1. ZIP ADDRESS	ADDITIONS CLARGES TO OTT TOLLIO	☐ Cha	nge	Addition	CR2E034 (1
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	3227 PINE VALLEY DRIVE SARASOTA FL S HUDSON, VIRGINIA 3227 PINE VALLEY DRIVE SARASOTA FL D HUDSON, VIRGINIA 3227 PINE VALLEY DRIVE	DELETE	12 NA 13 ST 14 CI 2.1 TT 22 NA 23 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4. CI 3.4 TT 4.2 NA	TREET / TY-ST-TLE THE TY-ST-TLE	ADDRESS ADDRESS ADDRESS - ZIP	ADDITIONS CLARGES TO GITTOLING	Cha	inge inge	Addition Addition Addition	CR2E034 (1
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3227 PINE VALLEY DRIVE SARASOTA FL S HUDSON, VIRGINIA 3227 PINE VALLEY DRIVE SARASOTA FL D HUDSON, VIRGINIA 3227 PINE VALLEY DRIVE	DELETE	12 NA 13 ST 14 CD 2.1 TD 22 NA 2.3 ST 2.4 CD 3.1 TD 3.2 NA 3.3 ST 3.4 CD 4.2 NA 4.3 ST 4.4 CD 5.1 TD	TREET ITY-ST- TLE THE	ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONSCIPLICATION	Cha	nge	Addition Addition Addition	CR2E034 (1
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14. Thereby 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 affactment with an address, with all other like empowered.

8.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND PIPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3.30-99

941 -366-8383 Deptime Prome #