04-27-1999 90122 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # 503088

1. Corporation	& LOCKE, P.A.										
Principal Place of Business Mailing Address							111	[DI#1 BIIII #BI#W IIIII #6:WI I	8101 4014 8181	r e rem e rem erem e	(4)(8/83) (88)
1151 NORTHEAST CLEVELAND ST. CLEARWATER FL 33755 US		1151 NORTHEAST CLEVELAND ST. CLEARWATER FL 33755 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1976					
2 Princips t Pl	ace of Business	2a, Mailing Address					4. FEI Nu			Ap	plied For
1		26					59-16	70176			1 Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					ate of Status Desired		\$8.75 A	
City & 5 tate		City & State					6. Electic n Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	•		8. This co	rporation owes the cur	rent year		_
4	25 29			30				al Property Tax.		Yes	□No
	9. Name and Adcress of Currer	Registered Agent			τ	1	0. Name	and Address of New	Register	d Agent	-
LOCI	KE,JOHN C.			81	Name						-
1151 N.E. CLEVELAND ST. CLEARWATER FL 34 615 337ぶ				82 Street Address (P.O.			(P.O. Box	Number is Not Accept	(able)		
Cl.E/			83								
				84	City					. 85 Zip (Code
					′				F	L	
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	authorized	i by	the corpor	orporat ration's	ion submit board of the	s this statement for the lirectors. I hereby acce	e purpose ept the app	of changing its ointment as re	registered gistered
SIGNATUF:E		(1)(2)	i E. Businessad	A=00	nt signature req	- Jane State	o reinstation)		DATE		
12	Signature, typed or printed name of registered age	II) DIRECTORS	13.	Agen	nt signature req	J. HLOG MILE		ONS/CHANGES TO OF		AND DIRECTO	RS IN 12
TITLE	PD	DELETE	11 TI	n F			ADDITI	NO/OFFANOLS TO OF	1,02110	Change	Addition
NAME	Sunne, Kenneth A.		1 2 NA							- ·	_
STREET ADDRESS	1151 N.E. CLEVELAND ST.				TADDRESS						
i	CLEARWATER FL				T-ZIP						
CITY-ST-ZIP TITLE	STD	□ DELETE	2.1 TI		1-2,17					☐ Change	Addition
NAME	LOCKE, JOHN C.		2.2 N								
STREET ADDRESS	1151 N.E. CLEVELAND ST.				TADDRESS						
CITY-ST-ZIP	CLEARWATER FL		I		ST-ZIP						
TITLE	OLD HIMALLI I	DELETE	31TI							Change	☐ Addition
NAME			3 2 N/	AME							
STREET ADDRESS	3		3.3 \$7	3.3 STREET ADDRESS							
CITY-ST-ZIP					ST-ZIP						
TITLE		☐ DELETE	4.1 10							Change	Addition
NAME			4 2 N	4 2 NAME							
STREET ADDRESS			4.3 \$1	4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CI								
77.5		☐ DELETE	5.1 Tr							Change	Addition

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify fir 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachingent with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

___ Addition