Product root of boundary       20       Suite, Apt. #, etc.       50-1678622       Init Apr.         Suite, Apt. #, etc.       2       2       Suite, Apt. #, etc.       5. Centificate of Statule, Desired       Fare Require         City & State       21       City & State       6. Election Campaign Financing       State Require         Zip       Country       20       Country       8. The approximation of Statule, Desired       Fare Require         20       23       29       Country       20       Country       8. The approximation once the current verse Intaggible         24       28       29       90       Intal Fund Country Tax.       Yee in Address of New Registered Agent         HARPER, ROBERT F. III       28       Street Address (P.O. Box Number Is Not Acceptable)       84         28       City #2       Street Address (P.O. Box Number Is Not Acceptable)       83         29       Statutes, the above named corporation submits this statement for the purpose of changing Its registered agent. In the fundament with and accept the objections of Sciences Statutes, Statutes, the above named corporation submits this statement for the purpose of changing Its registered agent. In the fundament with and accept the objections of Sciences Statutes, the above named corporation submits this statement for the purpose of changing Its registered agent. In the fundament with and accept the objections of Sciences Statutes, the apopontiment as registered agent. In the fundamen	<b>State</b> *150.00	May 07, 1999 8:0 Secretary of Sta 05-07-1999 90031 017 ***150	<b>'is</b> e	FLORIDA DEPARTMEI Katherine H Secretary of S DIVISION OF CORP		PROFIT RPORATION JAL REPORT <b>1999</b>	COR ANNU
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2. Principal Place of Business       2a. Maining Address       4. FEI Number       Appled         3       Solie. Apt. #, etc.       59-1678622       Note Apr.         2       City & State       City & State       Status Desired       \$5.00 may.         3       City & State       City & State       Status Desired       \$5.00 may.         3       Zip       Country       2i       Status Desired       \$5.00 may.         4       Zip       Country       2i       Status Desired       Status Desired       Note Apr.         3       Zip       Country       2i       Country       8. Election Campaign Financing       Address of Aurona the appled to the company tax.       Address of New Registered Agent         4       This corporation ones the current view randingable       Personal Paperty Tax.       Address of New Registered Agent         4       Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       State Address (P.O. Box Number is Not Acceptable)         208 W ALAMO DR       238       State Address (P.O. Box Number is Not Acceptable)       State Address (P.O. Box Number is Not Acceptable)         208 W ALAMO DR       State of Fiorals State Address (P.O. Box Number is Not Acceptable)       State Address (P.O. Box Number is Not Acceptable)         209 W ALAMO DR       State							
Suite, Apt. #, etc.       Suite, Apt. #, etc.       S. Certificate of Status, Desired       Sta 75 Addition         City & State       City & State       City & State       State       Addot to Feregure         Joint       Za       Country       Za       State       Addot to Feregure         Joint       Za       Country       Za       State       Addot to Feregure         Joint       Za       Country       Za       State       Addot to Feregure         Joint       Za       State       State       Addot to Feregure       Addot to Feregure         Joint       Za       State       State       State       Addot to Feregure       Addot to Feregure         Joint       State       State       State       State       State       Addot to Feregure       Addot to Feregure       Addot to Feregure       Addot to Feregure       Interception       Addot to Feregure       Addot to Feregure       Interception       Addot to Feregure       Interception       Addot to Feregure       Interception       Interceptio	Applied For	4. FEI Number Ap		failing Address		ace of Business	Principal Pl
27       City & State       S. Cert/Reduced or Statule. Descret       Free Regum         City & State       City & State       S. Cert/Regum       S. Cert/Regum       S. Cert/Regum         20       Country       Zip       Country       S. Cert/Regum       Added to Fe         20       Country       Zip       Country       B. This compation owes the current year Intagoble         20       S. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       Personal Property Tax.       Yes       Name         208 W ALAMO DR       State       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         208 W ALAMO DR       State       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         209 or repositions of Sections 607.0502 and 607.1508. Fields Statutes. The above named corporation submits this statement for the purpose of changing its register       Street Address (P.O. Box Number is Not Acceptable)         210 code       Imagent is minimar with, and accept the obligation of Section 607.0505. Fields Statutes.       Street Address ID operations is about the appointment as register         211 code       OFFICERS AND DIRECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	Not Applicable	\$8.757		uite, Apt. #. etc.		#. etc.	Suite Apt. i
21       Country       21p       Country       8. This coporation over the current year intergeble         220       23       29       30       Personal Property Tax.       Added to Fersonal Property Tax.	ee Required				27		
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208 W ALAMO DR LAKELAND FL 33813       82       Street Address (P.O. Box Number is Not Acceptable)         83       84       City       FL       85       Zip Code         11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. T am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.       Bot City       FL       85       Zip Code         SIGNATURE       Signaure, typed or prind name of ingulated agent and the 4 appraate.       (hOTE: Registerial agent a			81 Name				нар
Are     A		dress (P.O. Box Number is Not Acceptable)	82 Street Ad				
			83			ELAND FL 33813	LAKE
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent, and accept the obligations of, Section 607.0508, Florida Statutes.         SIGNATURE       Signature, typed or printed name of inguinerit agent and their aportation.       NOTE: Registered agent or mentating)       OATE         12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I         13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I         14.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I         14.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I         15.       Case International agent and their aportable       International agent and their aportable       International agent and their aportable         17.       PD       □ DELETE       11 Intle       □ Change       □ Change         18.       0       DELETE       21 Time       ZixChange       International agent and agent and their aportable         18.       0       DELETE       11 Time       22 NAME       International agent and agent and agent and agent and agent the approximation agent agen	Zip Code 🛛 ·	<b>C1</b> 85 Zip 0	84 City				
Inte       ID       <	RECTORS IN 12	3)		ection 607.0505, Florida S			IGNATURE
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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 inform 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 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 Block 12 or Block 13 if changed, or on approximating true and accurate and the life empowered.	hange Addition	Change ELLSWORTH, JR. W. WM Change Change Change Change Change	TLE WME REET ADDRESS TY-ST-ZIP FLE WME REET ADDRESS ITY-ST-ZIP TLE WME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE WME IREET ADDRESS TY-ST-ZIP TLE WME IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP	TORS 1 DELETE 1. DELETE 1. DELETE 2. 2. DELETE 3. 3. DELETE 3. 3. DELETE 4. 4. 4. DELETE 5. 5. 5. 0 DELETE 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.		OF PD HARPER,ROBERT F. 208 W ALAMO DR LAKELAND FL D ELLSWORTH, W WM 208 W ALAMO DR LAKELAND FL	TLE WME REET ADDRESS TY-ST-ZIP TLE WME REET ADDRESS TY-ST-ZIP TLE WME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE WME REET ADDRESS TY-ST-ZIP TLE WME REET ADDRESS TY-ST-ZIP