Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 516624

Principal Place of Business	Mailing Address	
3135 Highway 92 East Akeland Fl 33801	3135 HIGHWAY 92 EAST LAKELAND FL 33801	

27

28

Zip

Suite, Apt. #, etc.

City & State

29 25 and Address of Current Registered Agent

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90001 004 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

10/19/1976 4. FEI Number

59-1696574

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

ITILE NAME ETGEN, NORMAN STREET ADDRESS 2715 HARDIN COMBEE RD LAKELAND, FL 00000 DELETE 12 NAME STREET ADDRESS 2715 HARDIN COMBEE RD LAKELAND, FL 00000 DELETE 21 TITLE NAME STREET ADDRESS 2715 HARDIN COMBEE RD LAKELAND, FL 00000 DELETE 31 TITLE D DELETE 31 TITLE D Change CHANGE STREET ADDRESS 2715 HARDIN COMBEE RD LAKELAND, FL 00000 DELETE 31 TITLE D Change CH	<u> </u>
2715 HARDIN COMBEE RD LAKELAND, FL 33801 44 City FL 85 Zip Code 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 regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 12. ADME 12. STEET ADDRESS 27.15 HARDIN COMBEE RD 13. STREET ADDRESS 27.15 HARDIN COMBEE RD 13. STREET ADDRESS 27.15 HARDIN COMBEE RD 22. NAME ETGEN, ROSE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 00000 14. CITY-ST-ZIP LAKELAND, FL 00000 15. Change Change Ch	12
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	Ì

Country

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.

9-6 -99 (941666-1998)
Date Date Phone #