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 # 519519 1. Corporation Name

A. COBB & SON, INC.

Principal Plac	e of Business			1 100101 01101 1101	A 18481 B1601 (1818 1861 818	ir Arātt bien arail an	Bir 41811 1481		
6342 RANCHES RD 6342 RANCHES RD LAKE WORTH FL 33463 LAKE WORTH FL 33463						O NOT WRITE IN TH	HIS SPACE		
					3. Date Incorporated	or Qualifed			
		•	,		12/01/1976	•			
2 Principal F	Place of Business	2a. Mailing Address	e-1-		4. FEI Number		App	lied For	
21 21	tace of Eddinoso	26			59-1707727	•	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Ac	dditional	
22			27					uired	
City & State City & State					6. Election Campaign	Financing [7]	\$5.00 N	vlay Be	
23		28			Trust Fund Contrib	ution	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation or	wes the current year			
24 25 29		29	30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre			F 81	10. Name and Addre	ss of New Registere	aa Agent	-	
	DD HOVEEN	#	81	Name					
COBB, JOYCE M.			82	Street Add	Iress (P.O. Box Number is	Not Acceptable)			
6342 RANCHES ROAD			-		70 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	a vita de la secono de la compansión de	214 (4) 4 (4)	.:	
LAKE WORTH FL 33463			83			经过期		胡精铁	
			84	City	2 21 4 125 7	**************************************	85 Zip C	ode	
		e - a					<u>'L</u>		
office or agent. I a	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was all	ithorized by	the comorau	ion's board of directors. I h	ereby accept the ap	pointment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	Registered Ager	nt signature require	ed when reinstating),	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHAN	GES TO OFFICERS			
TITLE	DP	☐ DELETE	1.1 TITLE		200	•	☐ Change	☐ Additio	
NAME	COBB, VICTOR		1.2 NAME						
STREET ADDRESS	6342 RANCHES ROAD	•	1.3 STREE	TADDRESS					
CITY-ST-ZIP	LAKE WORTH FL	<u> </u>	1.4 CITY-S	iT-ZIP	<u> </u>				
TITLE	TD	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	COBB, JOYCE M.		2.2 NAME						
STREET ADDRESS	6342 RANCHES ROAD		2.3 STREE	TADORESS					
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-S	ST-ZIP					
TITLE, NO	SD	DELETE	3.1 TITLE				Change	Addition	
NAME S	COBB, JENNIFER		3.2 NAME	.			· . ·		
STREET ADDRESS	TOWNS TO A STATE OF THE PARTY O		3.3 STREE	TADDRESS		· 医大脑内部的	មនុក្ស <u>(</u> រូបនេះប្រ	5. 9基 (8)	
CITY-ST-ZIP	LAKE WORTH FL	<u> </u>	3.4. CITY-5	ST-ZIP			<u> </u>	3144.60	
TITLE	VPD	☐ DELETE	4.1 TITLE		*	医氯化物物质的	← (Change ½ Chan	Additio	
NAME	COBB, CHRISTOPHER		4.2 NAME		•				
STREET ADDRESS	1		4.3 STREE	T ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-S	ST-ZIP					
TITLE		DELETE	5.1 TTLE				☐ Change	☐ Additio	

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.

5.1 TTLE 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

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FARE MODEL

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90051 008 ***150.00

☐ Change

☐ Addition