PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # 536002



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90230 034 ***150.00

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Principal Place	e of Business	Mailing Address		_	E 100 tibl Stadd tillig Statt Spill spill fråt grätt grätt didtt didtt grätt ster garn i n	/B1
11300 110TH AVE. NORTH LARGO FL 33778		11300 110TH AVE NORTH LARGO FL 33778-3711	l		DO NOT WRITE IN THIS SPACE	
-US-	and the second of the second	US				
	·				3. Date Incorporated or Qualifed 05/31/1977	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26 10929 MOLE LOAD			59-1745598 Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27 ,			Fee Required	
City & State	e	City & State		•	6. Election Campaign Financing \$5.00 May Be	
23		28 LALGO KL			Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Country	8. This corporation owes the current year Intangible]
24	25	29 33778	30	<u>PINELLAS</u>	Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Agent	\dashv
HOUSER, J HENRY 11300 110TH AVE NORTH					Address (P.O. Box Number is Not Acceptable)	
LARC	GO FL 33778			83	10929 RIDGE ROAD	
	• •			84 City	LANGO FL 85 Zip Code 33778	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the	e above-named	corporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered	d
agent. I a	m familiar with_and accept the obligati	ions of, Section 607.0505, Fl	orida S	tatutes.	or an oscillation and an arrangement of the second	ļ
SIGNATURE					, <u> </u>	}
0,0,0,0,0,0	Signature, typed or priced name of registered agent				equired when reinstating) DATE	
12.	OFFICERS AND			3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change □ Add	
TITLE	P	☐ DELETE		1 TITLE		# u 0 }
NAME	HOUSER, J. HENRY			2 NAME	HOUSER, J. HENNY	}
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NAME				2 NAME		
STREET ADDRESS				3 STREET ADDRESS		
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 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.

SIGNATURE:

-QUIRED

391-9611