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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # EFOOS



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90074 019 \*\*\*150.00

1. Corporation	S RESOURCES, INC.				•				
Principal Place	of Business	Mailing Add	ress			4 ICE (D) Bitat Bitit Batt govin aron tire at	BIS BEBLI BIBLE &		13811 1901
234 TWIN LAKES DRIVE P.O. BOX 7490									
PANAMA CITY BEACH FL 32413-1412 PANAMA CITY BEACH FL 32413				13		DO NOT WRITE IN T	HIS SPACE		
US		US				3. Date Incorporated or Qualifed	110 01 7102		
						10/25/1977			- 1
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number		Applied	i For
21		26				59-1808914		Not Ap	plicable
Suite, Apt.	#, etc.		pt. #, etc.			5. Certificate of Status Desired		<b>75</b> Addit	N N
22		27			<del>-</del> -	5. Certificate of Status Desired	.F <u>e</u>	e.Requir	ed
City & State		City & S	tate			6. Election Campaign Financing		.00 мау	
23		28				Trust Fund Contribution		ded to Fe	es
Zip	Country	Zip	<u></u>	Country		8. This corporation owes the current year	r Intangible ☐ Yes		do
24	9. Name and Address of Current	29	30	<u> </u>		Personal Property Tax.  10. Name and Address of New Register		<u> </u>	***
	9. Name and Address of Current	Registered Ag	ent	81	Name	To. Hame and Address of New Register	ca rigo.n		
HINN	MAN, LEE M								
234 TWIN LAKES DRIVE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
PANA	AMA CITY BEACH FL 32413-1412	<u>}</u>		83			,		
							los l	Zip Code	
				84	City		=L  85	Zip Code	•
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida Such (	rnange was aurn	nnzen nv	me corporant	poration submits this statement for the purposion's board of directors. I hereby accept the ap	e of changin opointment a	ig its regi as registe	stered ered
0.0	I m Hennes	ı				5/4	199		Į.
SIGNATURE	Signature typed or printed name of registered agent		(NOTE: Re		it signature require	3/4/ ad when reinstating) DATE	197		
SIGNATURE		and title if applicable.  DIRECTORS			it signature require	od when reinstating)  ADDITIONS/CHANGES TO OFFICERS			
	Signature typed or printed name of registered agent of STV	and title if applicable.  DIRECTORS	(NOTE. Re	gistered Agen	it signature require		S AND DIRE		IN 12  Addition
12.	Signatur typed or printed name of registered agent OFFICERS AND STV HINMAN, LEE M	and title if applicable.  DIRECTORS		gistered Agen	at signature require				
<b>12</b> .	Signature typed or printed name of registered agent OFFICERS AND STV HINMAN, LEE M 234 TWIN LAKES DRIVE	and title if applicable.  DIRECTORS		gistered Agen 13. 1.1 TITLE					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signatur Typed or printed name of registered agent OFFICERS AND STV HINMAN, LEE M 234 TWIN LAKES DRIVE PANAMA CITY BEACH FL 32413	and title if applicable. DIRECTORS 3-1412	□ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI	T ADDRESS		[ ] Cha	inge [	Addition
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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 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Daytime Phone #

R2E034 (11/98)