Applied For Not Applicable

04-26-1999 90069 044 ***150.00

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 # EEOOG7

S, INC.						
Mailing Address						
15 EAST HERMAN ST. 15 EAST HERMAN ST. PENSACOLA FL 32505 PENSACOLA FL 32505			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 02/09/1978			
2a. Mailing Address			4. FEI Number Applied Fo			
26			59-1799021 Not Applica			
Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24 25 29 30 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
HALL, E M 2033 EAST BOBE STREET PENSACOLA FL 32503		Street Addre	ss (P.O. Box Number is Not Acceptable)			
			FL 85 Zip Code			
	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip C	Mailing Address 15 EAST HERMAN ST. PENSACOLA FL 32505 2a. Mailing Address 26	Mailing Address 15 EAST HERMAN ST. PENSACOLA FL 32505 2a. Mailing Address 26			

SIGNATURE	,		DATE				
Signature, typed of printed name or registrated again, and true in applicable.							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND BIRCOT	Addition			
TITLE	PDST , DELETE	1.1 TITLE	Change	☐ Addigon			
NAME	HALL, E M	1.2 NAME					
STREET ADDRESS	2033 EAST BOBE STREET	1.3 STREET ADDRESS		Ì			
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP					
TILE	☐ DELETE	2.1 TITLE	Change	☐ Addition			
NAME		2.2 NAME		Ì			
STREET ADDRESS		2.3 STREET ADDRESS	• • •	ļ			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		T Addition			
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition			
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	Change	Addition .			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	Change	Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TILE .:	DELETE	6.1 TITLE	Change	Addition			
NAME 5		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY ST ZID		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: ~