Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

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 # 567628

Country

9. Name and Address of Current Registered Agent

25

BREEDEN, ROBERT L.

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business	Mailing Address				
RT. 4. BOX 166	RT. 4. BOX 166				
QUINCY FL 32351	QUINCY FL 32351				

27

28

29

Suite, Apt. #, etc.

City & State

Zip

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90017 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

04/03/1978 4. FEI Number

59-1841134

RT. 4, BOX 166 QUINCY FL 32351			82	2 Street Address (P.O. Box Number is Not Acceptable)					
			83						
			24	0'1-		···	85 Zip C	`ada	
			84	City		F	L 85 Zip C	,ode	
office or re	to the provisions of Sections 607.0502 and 60 egistered agent, or both, in the State of Floridan familiar with, and accept the obligations of,	s. Such change was au	thorized by i	he corporation	ration submits this state 's board of directors. I	ement for the purpose hereby accept the ap	of changing its pointment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable /NOTE- I	Ponistered Agent	eignature required s	when reinstation)	DATE			
12. OFFICERS AND DIRECTORS 13.				301139					
TITLE	P	☐ DELETE	1.1 TITLE				☐ Change	Addition	
NAME	BREEDEN, ROBERT L.		1.2 NAME	Ì				Ì	
STREET ADDRESS	RT. 4, BOX 166		1.3 STREET	ADORESS					
CITY-ST-ZIP	QUINCY FL		1.4 CITY-ST	-ZIP					
TITLE	ST	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	Breeden, Virginia A.		2.2 NAME					-	
STREET ADDRESS	RT. 4, BOX 166		2.3 STREET	ADDRESS			L 57 . F	. {	
-City-St-ZIP	- QUINCY FL		2. 4 CITY-S	r-ŻIP					
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME	Ì				Ì	
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				ł	
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					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZiP			6.4 CITY-ST	1		 -			
14. I hereby o	ertify that the information supplied with this fill on this annual report or supplemental annual re	ng does not qualify for	the exemption	on stated in Se my signature :	ection 119.07(3)(i), Flor shall have the same le	rida Statutes, I further	certify that the in inder oath: that I	nformation am an	

Country

81 Name

30

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 h address, with all other like empowered. Robert L. Breeden

04/04/99 Date

850-875-1153

Daytime Phone #

CR2E034 (11/98)