FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 579652 1. Corporation Name

LONG POINT ENTERPRISES, INC.

													BAL BAYAN ARRI
Principal Place of Business Mailing Address								7 142127 21111					
6001 EAST HIGHWAY 98 6001 EAST HIGHWAY 9													
PANAMA CITY FL 32404		PANA	PANAMA CITY FL 32404				ļ	DO NOT WRITE IN THIS SPACE					
							l	3. Date Incorpora	ted or Qualife	d			
							ł	07/20/1978					į
2. Principal Pl	ace of Business	2a. N	Mailing Address		_			4. FEI Number			~	Apr	lied For
21			26					59-1841723	}			Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.								\$8	.75 A	dditional
22		27	27					5. Certificate of Status Desired Fee Required					
City & State			City & State					6. Election Campa	aign Financing	, D	\$5	5.00 r	May Be
23		28						Trust Fund Cor	ntribution		A	dded to	Fees
Zip	Country	ż	ip	Cou	intry			8. This corporation	n owes the cu	rrent year Inta			
24	25 29 3			30	0			Personal Property Tax. Yes No					
	9. Name and Address of Curre	nt Registe	red Agent		l			10. Name and Ad	dress of New	Registered	Agent		
1 11 1	DOIGH DAIR D				81	Name	е						
	DRICK, PAUL D.					Stree	t Addres	Idress (P.O. Box Number is Not Acceptable)					
	EAST HIGHWAY 98												
PAN	AMA CITY FL 32404				83								
					84	City		**-			85	Zip C	ode
						_				FL	<u>لــــــــــــــــــــــــــــــــــــ</u>		
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607 ∍ of Florida. ations of, S	1508, Florida Statu. Such change was ection 607.0505, Fl	utes, the a authorize lorida Stat	bove by utes	e-named the con	d corporation	ation submits this st 's board of directors	atement for the state of the st	ept the appoi	cnangi ntment	ıng its i ∶as reç	istered
SIGNATURE													
	Signature, typed or printed name of registered age		·		i Agen	t signature	e required w	hen reinstating)	OFC TO C	DATE AND	<u> </u>	ECTO	OC IN 42
12.	OFFICERS AI	ND DIREC	TORS DELETE	13.			т	ADDITIONS/CH	ANGES TO C	FFICERS AN	마이		Addition
TITLE	P		☐ DEFEI¢	1.1 TI								larige	
NAME	HENDRICK, PAUL D			1.2 N									
STREET ADDRESS	6001 E HWY 98					ADDRES:	S						
CITY-ST-ZIP	PANAMA CITY, FL 00000				1.4 CITY-ST-ZIP		 				CH	nange	[] Addition
TITLE	V	_			2.1 TITLE							ange	
NAME	HENDRICK, PETER M			2.2 N									
STREET ADDRESS	6001 E HWY 98					FADDRES!	S						
CITY-ST-ZIP	PANAMA CITY, FL 00000		C DELETE			T-ZIP	-				Cr		Addition
TITLE	ST DEPOSITOR DODOTERS AS	•			3.1 TITLE							ango	☐ //
NAME	HENDRICK, DOROTHY M			3.2 N			.1						
STREET ADDRESS	33. 2		TREET	FADDRÉS!	S								
CITY-ST-ZIP	PANAMA CITY, FL 00000		☐ DELETE	3.4. CIT		T-ZIP							Addition
TITLE			☐ DELETE	4.1 T							U	lalige	Addition
NAME				4,21									
STREET ADDRESS				4.3 S	TREET	T ADDRES	is						
CITY-ST-ZIP			C) DELETE		my-s	T-ZIP	+					hange	Addition
TITLE			☐ DELETE	5.1 T			ĺ					lange	[_] Addition
NAME				5.2 N									
STREET ADDRESS						TADDRES:	~						
CITY-ST-ZIP			D DOLLETT	5.4 C		T-ZIP	 					hange	Addition
TITLE			☐ DELETE								ᆸᇬ	iai ige	[_] Addition
NAME				6.2 N									
STREET ADDRESS				6.3 S	IREE	TADDRES	8						

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90011 015 ***150.00