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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604262

1. Corporation Name

Principal Place of Business
2500 LYNNHAVEN-TERR.
P.O.BOX 57385

Mar 08, 1999 8:00 am **Secretary of State**

03-08-1999 90071 014 ***150.00

DONALD L. BRADDOCK, CHARTERED Mailing Address 2500 LYNNHAVEN TERR. P.O.BOX 57385 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32241 JACKSONVILLE FL 32241 3. Date Incorporated or Qualifed 03/29/1973 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 10742 1616 <u>59-14452</u>57 10742 WAVENLEY BUNF 726 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRADDOCK, DONALD L. O. Box Number is Not Acceptable) -2500 LYNNHAVEN TERR. JACKSONVILLE FL 32223 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1,1 TITLE TITLE 10742 WAVERLEY BLUFF WAY BRADDOCK, DONALD L 12 NAME NAME 2500 LYNNHAVEN JERR. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 51 TITLE 5.2 NAME 5.3 STREET ADDRESS LADDRESS 5.4 CITY-ST-ZIP Change ☐ Addition 6.1 TITLE ☐ DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 of the corporation of the corporatio

OFFICER OR DIRECTOR

CR2E034 (11/98)