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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90044 026 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 615978 1. Corporation Name FLORIDA RI CONSTOCK, INC.

rLOnio/	A BLOODSTOCK, INC.							
Principal Plac	ce of Business	Mailing Address			-	1901 - 19 04) 1 994) 4 9 (9 08)	ONEN BIBLE BIBLE	Biğil biğil ləği
6 CHALLEDON	I CLOSE	6 CHALLEDON CLOSE						
OCALA FL 326	675	OCALA FL 32675						
					3. Date Incorporated or	NOT WRITE IN THE	S SPACE	
					03/30/1979	Qualifed		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		JΔr	oplied For
21		26			59-1973337			ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		•			 	Additional
22	·	27			5. Certificate of Status D	esired		equired
City & Stat	te	City & State			6. Election Campaign F	inancing []	\$5.00	May Be
Zip	Country	Zip	Country		Trust Fund Contributi	on		to Fees
24	25	└	30		8. This corporation owe	-	ntangible Yes	□No
24	9. Name and Address of Curr		130		Personal Property Ta 10. Name and Address			
			81	Name	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	o	. ,	
	DETTE, F.J.		82	Stroot Addro	ess (P.O. Box Number is No	t Acceptable)		
	HALLEDON CLOSE		02	Street Addres	ess (P.O. box number is no	it Acceptable)	2 5 11 4 5 11 5 12 11	district districts (1994)
UUA	ALA FL 32675		83		Period All	福生 建油料	3 4 6 7 3	SPEED AND LESS
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			1841	Citv				Code
e Johanna			84	City		Fi	_	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR