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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90018 048 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 634722**

1. Corporation								
PHODEV	CORPORATION	,			(*************************************	01011 01015 0101	IL BERN BIGN (TA)	
						333 335 GB		
Principal Place of Business Mailing Address				<del></del> -		PIEN DIEN DIEN	II DIDII UIDII IOO!	
12303 U S 301		12303 US 301						
DADE CITY FL 33525 DADE CITY FL 33525					*			
US US						DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/04/1979			
0.1	1 D	2a. Mailing Address			4. FEI Number		Applied For	
			hailing Address		59-2342105	<del> </del>	Not Applicable	
**1		Suite, Apt. #, etc.	C.		,		Additional	
22	, , , , ,	27	•		5. Certifcate of Status Desired .	Fee F	Required	
City & Stat	City & State	& State		6. Election Campaign Financing \$5.00 May Be				
23 28					Trust Fund Contribution Added to Fees			
Zip Country Zip					8. This corporation owes the current year l	ntangible □ Yes	□No	
24	25		30		Personal Property Tax.  10. Name and Address of New Registered			
<u> </u>	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Registers	Agent		
BING	GHAM, JAMES H		Ľ					
	03 US 301		82 Street Address (P.O. Box Number is Not Acceptable)					
DADE CITY FL 33525			8	3		1.51 2:51 6 3	100 51 100	
					· · · · · · · · · · · · · · · · · · ·	1987 (35) 248 	p Code	
				4 City	F			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named corp	poration submits this statement for the purpose of	of changing i	its registered	
office or i	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607.0505, Flor	ithorized b ida Statuti	y the corporati as.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	Jintineiit as	registered	
SIGNATURE					•			
SIGNATURE	Signature, typed or printed name of registered agent			ent signature require	ed when reinstating). DATE	LID DIDEO	TODO (N. 40)	
12.	OFFICERS AND	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	PT PARKER, JEROME W.		1.2 NAM		%4, (344) 4.75 			
NAME ,	AZOCO LUCUI ANDO OT	•	1.3 STREET ADDRESS			•		
STREET ADDRESS	DADE CITY FL		1.4 CITY-ST-ZIP		,		.;	
CITY-ST-ZIP	SV	☐ DELETE	2.1 TITLE			☐ Chang	e Addition	
NAME	BINGHAM, JAMES H	• • •	2.2 NAM	· i			. [	
STREET ADDRESS	AAAAA MARII LOMA DUMA		2.3 STRE	ET ADDRESS			i	
CITY-ST-ZIP	DADE CITY FL		2. 4 CITY	'-ST-ZIP	<u> </u>			
TITLE 2.55	-14 -43 -2 1 15 15 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	3.1 TITLE	-		Chang	je 🗌 Addition	
NAME ?	nagenet george in the		3.2 NAM	E				
STREET ADDRESS	grantenik tibil kiloni. Na prising titat nyawa ng		3.3 STR	EET ADDRESS		. 4449-9143	5(4 <u>0)</u> 4 <u>0</u> (40)	
CITY-ST-ZIP	POR CONTRACTOR		3.4. CITY	-ST-ZIP		10 30 30	(1, 5°24 \$124 (75°	
TITLE		☐ DELETE	4.1 TITLE		ે પાકરી કરો તાલુકમાં આવે છે. તેના પાકરી કરો તેના કર્યો	; , Chang	je (je [_] Addraon	
NAME.		1 2 2 3	4. 2 NAM				``	
STREET ADDRESS			4.3 STREET ADDRESS		•		1	
CITY-ST-ZIP		, Delete	4.4 CITY-ST-ZIP			☐ Chang	e Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					
NAME :	The state of the s		5.3 STREET ADDRESS				· .	
STREET ADORESS	S		5.3 STREET ADDRESS		<b>\$</b> 在秦门《燕门》		17.	
CITY-ST-ZIP	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ DELETE	6.1 TITLE			☐ Chang	ge 🗀 Addition	
TITLE	27/22 (BANC) POLIT		6.2 NAME			_	ļ	
NAME STREET ADDRESS	The state of the		6.3 STREET ADDRESS		•		.	

14. 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 suppliemental 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 explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed; or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP