

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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90142 032 \*\*\*158.75

DOCUMENT # 637019

1. Corporation Name  
FLORIDA B.T.H., INC.

Principal Place of Business  
#900 OLD GENEVA WESTVILLE RD RT 1  
P.O. BOX 437  
WESTVILLE FL 32464

Mailing Address  
#900 OLD GENEVA WESTVILLE RD RT 1  
P.O. BOX 437  
WESTVILLE FL 32464

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1979

4. FEI Number

59-2129161

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes No

2. Principal Place of Business

21 1150 Rum Road  
Suite, Apt. #, etc.

22 City & State

23 WESTVILLE, FL.

24 32464 25 USA

2a. Mailing Address

26 1150 Rum Road  
Suite, Apt. #, etc.

27 City & State

28 WESTVILLE, FL

29 32464 30 USA

9. Name and Address of Current Registered Agent

TRAMMELL, THOMAS N  
#900 OLD GENEVA WESTVILLE RD  
WESTVILLE, FLORIDA  
32464

10. Name and Address of New Registered Agent

81 Name

THOMAS N. TRAMMELL

82 Street Address (P.O. Box Number is Not Acceptable)

1150 Rum Road

83

84 City

WESTVILLE

FL

85 Zip Code

32464

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME TRAMMELL, THOMAS N  
STREET ADDRESS RT. 1, BOX 437  
CITY-ST-ZIP WESTVILLE FL

TITLE VD  
NAME CARTER, HULAN S  
STREET ADDRESS RT 4 BOX 209-C  
CITY-ST-ZIP CHIPLEY FL.

TITLE STD  
NAME KATHMAN, LOUIS W III  
STREET ADDRESS RT 2 BOX 52  
CITY-ST-ZIP CARYVILLE FL

TITLE VD  
NAME THOMAS D. TRAMMELL  
STREET ADDRESS 1150 Rum Road  
CITY-ST-ZIP WESTVILLE, FL. 32464

TITLE STD  
NAME CATHY D. WILLIAMS  
STREET ADDRESS 1148 Rum Road  
CITY-ST-ZIP WESTVILLE, FL. 32464

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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.

SIGNATURE: Thomas N. Trammell 9/02/98 850-956-4686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0061087