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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 644420

1. Corporation Name

ELLAVILLE PROPERTIES, INC.

	Business	Mailing Address				}			
P.O. DRAWER K		P.O. DRAWER K							
LIVE OAK FL 32064		LIVE OAK FL 32064			DO NOT WR	ITE IN THIS S	SPACE		
						3. Date Incorporated or Qualifed			
						11/07/1979 4. FEI Number			Name of Factor
2. Principal Place	of Business	2a. Mailing Address				• • • • • • • • • • • • • • • • • • • •		\longrightarrow	Applied For
21		26	_ 			59-1978624			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional Required	
22		27							
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		_	d to Fees
Zip	Country	Zip		Country		8. This corporation owes the cur			
24	25	29	30			Personal Property Tax.		☐ Yes	□No
9.	. Name and Address of Curr	ent Registered Agent				10. Name and Address of New	Registered A	gent	
				81	Name				
MOTT, JACK				82	Street Addr	ess (P.O. Box Number is Not Accept	able)	-	
SKEEN ROAD			-						
LIVE OAK FL 32060			83					í	
the Standard Control					0.4.			85 Zip	Code
# # 197 # 194 S				84	City		FL	63 Zip	, code
11. Pursuant to th	e provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the	e above	-named corp	oration submits this statement for the	purpose of c	hanging i	ts registered
office or regist	tered agent, or both, in the Sta miliar with, and accept the obli	te of Florida. Such change [,]	was authori	ized by	the corporation	on's board of directors. I hereby acce	pt the appoint	iment as i	registered
	miliar with, and accept the obli	gallons of, Section 607.000	o, i ionda o	natutes.					
SIGNATURE									_
I Sinns	sture, based or printed name of registered a	ment and title if applicable.	(NOTE: Registe	tered Agen	t signature require:	d when reinstating)	DATE		
	ature, typed or printed name of registered a				t signature required	d when reinstating) ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
12.	OFFICERS A	gent and title if applicable. AND DIRECTORS DELE	1	tered Agen 13. .1 TFTLE	t signature required	d when reinstating) ADDITIONS/CHANGES TO OF		DIRECT	
12.	OFFICERS /	AND DIRECTORS	1 TE 1.	13. .1 TITLE	t signature required				
12. TITLE PD NAME MC	OFFICERS A	AND DIRECTORS	1 1.	13. .1 TITLE .2 NAME					
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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 supplied ental 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 eceiver of 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-\$T-ZIP

5.1 TM F

5.2 NAME

6.1 TTILE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

IG OFFICER OR DIRECTOR

Daytime Phone #

☐ Change

Change

Addition

Addition