

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90128 047 ***150.00

DOCUMENT # 658636

1. Corporation Name
JEANNIE CASNELLIE, INC.

Principal Place of Business
1704 CLEARWATER LARGO ROAD
CUITE C-2
CLEARWATER FL 34616
US

Mailing Address
P.O. BOX 565
CLEARWATER FL 34617
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/07/1980

4. FEI Number
59-1991374

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 2706 Alt. 19 N., Suite # 311
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 761
Suite, Apt. #, etc.

22 Palm Harbor, FL
City & State

27
City & State

23 34683
Zip Country

28 Palm Harbor, FL
Zip Country

24 25 USA

29 34682-0761 30 USA

9. Name and Address of Current Registered Agent

CASNELLIE, JEANNIE
1435 GULF TO BAY BLVD., SUITE B
CLEARWATER FL 33515

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE Jeannie Casnellie, Pres. 4.26.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CASNELLIE, JEANNIE
STREET ADDRESS 1704 CLEARWATER LARGO ROAD
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME CASNELLIE, JEANNIE
1.3 STREET ADDRESS 2706 Alt. 19 N., Suite 311
1.4 CITY-ST-ZIP Palm Harbor FL 34683

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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: Jeannie Casnellie, Pres. 4.26.99 (727) 772-8315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0426448

CR2E034 (1/198)