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

Mailing Address

PANAMA CITY FL 32401

307 W 5TH ST P O BOX 548

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 666096

Principal P ace of Business

PANAMA CITY FL 32401

307 W 5TH ST

P O BOX 548

LYDA, RUSS AND OLMSTEAD, INC.

FILED Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90027 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					04/10/1980		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	or
21		26			59-1987801	Not Applica	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additions	al
22		27			5. Certificate of Oldido Desired	Fee Required	
City & State	9	City & State			6. Electic n Campaign Financing	\$5.00 иау Ве	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intang		
24	25	29	30		Tersonal Troporty Tax	Yes XNo	\dashv
	9. Name and Address of Curren	Registered Agent		04 11	10. Name and Address of New Registered Age	nt	
DHC	C CADI S			81 Name	9		
RUSS, CARL S 307 W 5TH ST				82 Stree	et A Idress (P.O. Bo c Number is Not Acceptable)		
PANAMA CITY FL 32401							
PAIN	AMA CITT FL 32401		J	83			}
				84 City		5 Zip Code	
					FL		
11. Pursuant to the provisions of Sections 607.050.2 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							
0.011.110112	Signature, typed or printed n ime of registered ager			Agent signature	e rer uired when reinstating DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE	DP	☐ DELETE	1.1 TIT		_	Change A	Addition
NAME	RUSS, CARL \$		1.2 NA	WE			
STREET ADDRESS	1009 WEST 10TH COURT		1.3 ST	REET ADDRES	s		İ
CITY-ST-ZIP	PANAMA CITY, FL 00000		1.4 CIT	TY-ST-ZIP			
TITLE	STV			LE		Change ☐ Ad	ddition
NAME	OLMSTEAD, CHARLES M		2.2 NA	ME			
STREET ADDRESS	2873 TUPELO DRIVE		2 3 ST	REET ADDRES	s		
CITY-ST-ZIP	PANAMA CITY, FL 00000		2. 4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	3 1 TIT	ΓLE]Change ∐Ad	ddition
NAME			32 NA	ME			
STREET ADDFESS			3.3 ST	REET ADDRES	s		ļ
CITY-ST-ZIP	·		3.4. CI	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT	ILE		Change A	Addition
NAME			4. 2 N	AME			
STREET ADDRESS			43 ST	REETADDRES	s		1
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5 1 TIT	TLE		Change A	Addition
NAME			5.2 NA	WE			
STREET ADDFESS			5.3 ST	REET ADDRES	s		
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	61 TI	TLE		Change A	Addition
NAME			62 NA	AME			
STREET ADDI:ESS	·		6 3 ST	REET ADDRES	es l		
CITY-ST-ZIP			64 CF	TY-ST-ZIP			
OH I SIZE	l	<u> </u>					

14. Here by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.(7(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 signs ture shall have the same legal effect as if made under eath; that I am an office or director of the corporation or the receiver 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 change d, or on an attachment with an address, with all other like empowerec.

SIGNATURE: