Mailing Address

1130 E PLANT ST STE H

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 696205

1. Corporation Name

Principal Place of Business 1130 E PLANT ST

STE H

CITY-ST-ZIP

OCTOPUS INVESTMENT CO.

US		US		3. Date Incorporated or Qualifed			
					07/27/1981		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		pplied For
21				59-2170264		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
22		27				Required	
City & State		City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip			_ Country	This dot position of the same years and the same years are same years.			
24	25	29 3	0]		Personal Property Tax.	X Yes	□No
	9. Name and Address of Curren	t Registered Agent		L	10. Name and Address of New Regist	ered Agent	
LAMAN CEORCE I				81 Name			ţ
LAMAN, GEORGE I 1130 E PLANT ST			82	82 Street Address (P.O. Box Number is Not Acceptable)			
STE		83	83				
WINTER GARDEN FL 34787			84	City		85 Zip	Code
				,		FL "	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpo on's board of directors. I hereby accept the	ose of changing it	ts registered
office or re	egistered agent, or both, in the State (m familiar with, and accept the obligat	or Florida. Such change was audions of, Section 607.0505, Florid	nonzeu by la Statute:	ine corporations.	on's board of directors. Thereby accept the	арролинон ао	og.sto.ou
_							(
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				nt signature require	,	TE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	C	☐ DELETE	1.1 TITLE			Change	Addition
NAME	LAMAN, GEORGE I		1.2 NAME				
STREET ADDRESS	ETADDRESS 1130 E PLANT ST STE H			TADORESS			Į.
CITY-ST-ZIP	WINTER GARDEN FL 34787			ST- ZIP			
TITLE	,	☐ DELETE	2.1 TITLE		_	☐ Change	Addition
NAME			2 2 NAME				i
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	3.1 TITLE			Change	a Addition
NAME			3.2 NAME				Ì
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE	-	DELETE	5.1 TITLE			· Change	e 🔲 Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREE	T ADDRESS			į
CITY-ST-ZIP			5,4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	e
NAME			6.2 NAME				J
ا ٠٠ ا	COLOR AND THE BEEN		6.3 STREE	T ADDRESS			
STREET ADDRESS			1				

OF SIGNING OFFICER OR DIRECTOR

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90110 033 ***150.00



DO NOT WRITE IN THIS SPACE

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 trusted ampowered 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 a other like empowered.