**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 731389**

1. Corporation Name

## COMMUNITY EQUITY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

302 N. BARCELONA ST. PENSACOLA FL 32501

302 N. BARCELONA ST. PENSACOLA FL 32501

## **FILED** Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90064 029 \*\*\*\*70.00



2. Principal Pi	ace of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 12/17/1974				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number 59-1586520		<u> </u>	plied For	
2 27						39-1300020			t Applicable	
City & State	City & State City & State					5. Certificate of Status Desired	No.	\$8.75 Additional Fee Required		
Zip	Country	Zip Cour				6. Election Campaign Financing		<b>\$5.00</b> May Be		
24	25	29	30			Trust Fund Contribution		Added t	o Fees	
•	9. Name and Address of Current I		10. Name and Address of New Registered Agent							
					81 Name					
HORVATH, DANIEL R					82 Street Address (P.O. Box Number is Not Acceptable)					
302 N 14TH AVE				OLOGI Address (1.0. Dex Maines to Met Address )						
PENSACOLA FL 32501				83						
FENSACOLA I E 32301				84	City 85 Zip Code					
				- I	City	FL   63   24 COURT				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.										
SIGNATURE										
	Signature, typed or printed name of registered agent a			gent :	signature required v		DATE	D DIDECTO	DC (A) 12	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	D DELETE 1.1 T			£	}			Change	☐ Addition	
NAME	WYNN, WAYMON 12 N			Æ						
STREET ADDRESS	2600 NORTH 14TH AVE 135			TREET ADDRESS						
C/TY-ST-ZIP	PENSACOLA FL 32503			/-ST-	ZIP					
TITLE	P □ DELETE 2.1 T			£				Change	☐ Addition	
NAME	HORVATH, DANIEL R			2.2 NAME						
STREET ADDRESS				2.3 STREET ADDRESS						
CITY-ST-ZIP	251010011			2.4 CITY-ST-ZIP					:	
TITLE	DELETE 3.1T							☐ Change	Addition	
NAME	T			3.2 NAME						
					DDRESS				ì	
STREET ADDRESS										
CITY-ST-ZIP				Y-ST-	·ZIP	<del></del>		Change	Addition	
TITLE	· · ·			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		• _				
NAME	, 02.02		1			ipp				
STREET ADDRESS						• •				
CITY-ST-ZIP	PENSACOLA, FL 00000 32501		4.4 CITY		ZIP			☐ Change	Addition	
TITLE				5.1 TITLE 5.2 NAME				[ ] Citalige		
NAME	BYRD, WILLIAM									
STREET ADDRESS	2000 NOTE IN TOTAL				DDRESS					
CITY-ST-ZIP	LIVOACOLA, I L COCCO GESCO			Y-ST-	ZIP				TT A Julya	
TITLE	T DELETE 6.11							Change	Addition	
NAME	PAUL, LLOYD 62N			Æ						
STREET ADDRESS	302 NORTHG BARCELONA ST 6.3 ST			REETA	ODRESS					
CITY-ST-ZIP	PENSACOLA FL 32501		6.4 CITY						لـــــــــــــــــــــــــــــــــــــ	
14. I hereby certify that the information supplied with this filling 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 all officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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