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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90022 032 ****61.25

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 741023

1. Corporation Name

STREET ADDRESS P.O. BOX 4045 N/A

ALLY	LUDGE, INC.					
Principal Plan	e of Business	Mailing Address		-		
Principal Place of Business 2872 KINGS RD. ST. AUGUSTINE FL 32086 US		2872 KINGS PL ST. AUGUSTINE FL 32086 US				
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 12/12/1977		
21		26 Suite Ant # sta		4. FEI Number	I lann	olied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		NOT APPLICABLE	<u> </u>	Applicable
22 City & Stat		City & State			\$8.75 A	
23		28		5. Certifcate of Status Desired	Fee Red	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 \	May Be
24	25		30	Trust Fund Contribution	Added to	
	9. Name and Address of Currer			10. Name and Address of New Reg	istered Agent	
			81 Name			
PAMOUT	B.;WHITCOMB		82 Street Add	Iress (P.O. Box Number is Not Acceptable	<u> </u>	
2872 KIN			ou dot / las	1000 (1:0: Box (10:100) to 10:100 (1:00)	·	
	JSTINE FL 32086		83			
01.7.000	701 ME 1 E 02000		84 City		85 Zip C	ode
11 Pursuant	to the provisions of Sections 617.050	U2 and 617.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purion's board of directors. I hereby accept the	he appointment as req	istered 3
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	ations of Section 617.0503, Flori	tnonzed by the corporati da Statutes.	धाक्षक विकास है लाउँ से		n (1911 198)
office or r	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 617.0503, Flori	thorized by the corporation of t	हुए। अर्थ के स्थाप के प्राप्त के प्राप्त के किया है। विकास के प्राप्त के किया के प्राप्त के किया के प्राप्त के ad when reinstating)	DATE	n ((dir (\$\$)
office or r agent. I a	am familiar with, and accept the obligation of t	ations of, Section 617.0503, Flori	da Statutes.	(AB) Selection File (Transport	DATE	RS IN 12
office or range agent. I a	am familiar with, and accept the obligation of t	ations of, Section 617.0503, Flori ant and title if applicable. (NOTE: F	da Statutes. Registered Agent signature require	हुए। अर्थ के स्थाप के प्राप्त के प्राप्त के किया है। विकास के प्राप्त के किया के प्राप्त के किया के प्राप्त के ad when reinstating)	DATE	n ((dir (\$\$)
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ST AUGUSTINE FL 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 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

Whitcomb 1-23-98 SIGNATURE: