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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F01333

1. Corporation Name

EXECUTIVE GOLD, INC.

| | | | | | | |
|---|---|--------------------------------------|----------------------------|--|---|----------------------------|
| Principal Place of Business Mailing Address | | | | | | |
| 1003 E. OAK ST. | | PO BOX 1529 | | | | |
| P O BOX 1920 ARCADIA FL 34266 | | ARCADIA FL 34265 US | | DO NOT WRITE IN TH | HIS SPACE | |
| US US | | U.S | | | 3. Date Incorporated or Qualifed | |
| ļ | | | | | 10/13/1980 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 26 | | 26 | • | | 59-2621653 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| 22 | | 27 | 27 | | 5. Certifcate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip Country | | Zip Country | | 8. This corporation owes the current year Intangible | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | ☐Yes ☐No |
| | 9. Name and Address of Curr | rent Registered Agent | 8 | 4 1 | 10. Name and Address of New Registere | ed Agent |
| חתם | CH, JAMES L | | * | 1 Name | | |
| 2250 SE HANSEL RD. | | | 8 | 2 Street Ac | ddress (P.O. Box Number is Not Acceptable) | |
| PO BOX 1529 | | | 8 | | | |
| ARCADIA FL 34265 | | | ° | 3 | | |
| 7410 | ADIA TE OTEGO | | 8 | 4 City | | 85 Zip Code |
| 44 0 | No. 45 | 1500 4 007 450 0 51-44- 04-44 | | | F | of changing its registered |
| office or r | egistered agent, or both, in the Sta | ite of Florida. Such change was a | es, the abo uthorized b | y the corpora | orporation submits this statement for the purpose ation's board of directors. I hereby accept the app | pointment as registered |
| agent. I a | m familiar with, and accept the obli | igations of, Section 607-0505, Flor | rida Statute | S. | • | |
| SIGNATURE | Signatule, typed or printed name of registered to | Alore | · Dogistered An | oùt sianet so com | uired when reinstating) DATE | 29-99 |
| 12) 77. | | AND DIRECTORS | 13. | ent aignatore rade | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | PS | ☐ DELETE | 1,1 TITLE | $ \top$ | | ☐ Change ☐ Addition |
| NAME | RITCH, JAMES L | | 1.2 NAME | . | | |
| STREET ADDRESS | 2250 SE HAWSEL RD | | 1.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | ARCADIA FL | | 1.4 CITY- | | | } |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | Change Addition |
| NAME | | | 2.2 NAME | . | | , |
| STREET ADORESS | | | 1 | ET ADDRESS : | | |
| CITY-ST-ZIP | | | 2.4 CITY | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | : | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY | -ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | • | | 4. 2 NAM | E | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | : | | |
| STREET ADDRESS | | | 5.3 STRE | ETADORESS | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | 5.4 CITY- | ST-ZIP | | |
| | | ☐ DELETE | 5.4 CiTY- 6.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | ☐ DELETE | | | | ☐ Change ☐ Addition |

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 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 attachment with an attachment with an attachment with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

P DRINTED NAME OF SIGNING OFFICER OR DIRECTOR