

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90078 020 ***150.00

DOCUMENT # F38083

1. Corporation Name
TWELVE-TWO-SIXTY-FIVE, INC.

Principal Place of Business

11767 SO. DIXIE HWY
#145
MIAMI FL 33156
US

Mailing Address

11767 SO. DIXIE HWY
#145
MIAMI FL 33156
US

2. Principal Place of Business

21 4000 NORTH A1A

Suite, Apt. #, etc.

22 801

City & State

23 FT. PIERCE FL

Zip

24 34949-8533

Country

2a. Mailing Address

26 4000 NORTH A1A

Suite, Apt. #, etc.

27 801

City & State

28 FT. PIERCE FL

Zip

29 34949-8533

Country

9. Name and Address of Current Registered Agent

ZAHARAKO, DOROTHY
11767 SO. DIXIE HWY # 145
MIAMI FL 33156

3. Date Incorporated or Qualified

07/13/1981

4. FEI Number

59-2130102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME BROOKS, N P
STREET ADDRESS 18400 S W 256 ST
CITY-ST-ZIP HOMESTEAD, FL 00000
☒ DELETE

TITLE VD
NAME BUSBY, LYNDIA B
STREET ADDRESS P.O. BOX 235 N/A
CITY-ST-ZIP CALHOUN FALLS SC 29628
☐ DELETE

TITLE S
NAME ZAHARAKO, DOROTHY...
STREET ADDRESS 18400 SW 256 ST.
CITY-ST-ZIP HOMESTEAD FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME R.A. BROOKS
1.3 STREET ADDRESS 87 E. SMITH LANE
1.4 CITY-ST-ZIP FINGER, TN 38334
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ 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 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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

LYNDIA B. BUSBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 (864) 446-3086

CR2E034 (11/98)

0228593