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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F42900 1. Corporation Name

PALMAFILIA いたい

STREET ADDRESS

CARR DEVELOPMENT CO., INC.

Principal Place of Business Mailing Address		MINTE WINTE BINES OF	
15 BIRDIE LANE			
PALM HARBOR FL 34693 PALM HARBOR FL 34693	T WRITE IN THIS	SPACE	
3. Date Incorporated or Qui		J OI AGE	· · · · · · ·
09/01/1981			
Principal Place of Business 2a. Mailing Address 4. FEI Number		Apı	olied For
21 26 59-2635772		No	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desi	ired 🗆	\$8.75 A	
27		Fee Re	
City & State City & State 6. Election Campaign Finar	~	\$5.00	,
Zip Zip Country Zip Country 8. This corporation ewes the		Added to	rees
	ne current year in	Tangible ☐ Yes	DX(No
24 25 29 30 Personal Property Lax. 9. Name and Address of Current Registered Agent 10. Name and Address of I	New Registered		7
81 Name			
CARR, STEDMAN H STEDM	Accentable)		
25.12 N F 1 N 1	nisas kulaist koja jestoja.	Black B. Mr. Bidgo R	1211 31831 3624
PALM HARBOR FL 34683			
84 City	a talan kalendari da kata da k	85 Zip C	ode
	FL	_ '	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the state of Florida Statutes, the above-named corporation's hoard of directors. Thereby	for the nurnose of	f changing its introduced in the control of the con	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);	for the purpose of y accept the appo	intment as rec	gistered
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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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90062 009 ***150.00