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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90008 002 ***150.00

DOCUMENT # F94000006253

SOUTHERN COTTAGE COMPANY

237 MAGN	Place of Business NOLIA STREET OSA BEACH FL 32459		Mailing Address P.O. BOX 2095	<u> </u>		
US	5 07 5 ENOTIFE 12433		SANTA ROSA BEAC	CH FL 32459	1	
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	_				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
2. Princip	oal Place of Business		2a Mailia Au	<u> </u>	12/07/1994	
21			2a. Mailing Address	· ·	4. FEI Number	
	Apt. #, etc.		26 Suite And II		58-2124938	Applied Fo
22			Suite, Apt. #, et	c. ———		Not Applic
City &	State	· · ·	City & State		5. Certificate of Status Desired \$8.7	5 Additiona
23	·		28	<u></u>	D. Election Compains E	Required
Zip	Cou	ntry	Zip		Trust Fund Contribution	00 May Be
24	25			Country	8. This corporation area at	ed to Fees
	9. Name and Add	iress of Current i	Registered Asset	30	This corporation owes the current year Intangible Personal Property Tax.	
Dr					10. Name and Address of New Registered Agent	□No
Ut	EAN, BOB W	,	4/* n 3 +	81 Name	Agent Mew Registered Agent	
23	7 MAGNOLIA ST.	1.		82 Street	 	
SA	NTA ROSA BEACH F	L 32459		July Street	Address (P.O. Box Number is Not Acceptable)	
		· .	· ·	83		
	•					2 (2)
11. Pursuar	nt to the provisions of Sa	-41-		84 City	loc l'ar	<u> </u>
office or	registered agent, or both	ctions 607.0502 at	nd 607.1508, Florida St	atutes, the above-named	FL 85 Zip	Code
ayent, i	am tamiliar with, and acc	cept the obligation	is of, Section 607 0505	is authorized by the corpo	orporation submits this statement for the purpose of changing it	S registere
SIGNATURE	=			riolida Statutes.	orporation submits this statement for the purpose of changing it ation's board of directors. I hereby accept the appointment as n	egistered
	nam	e of registered agent and	title if applicable			
2.	C C	e of registered agent and DFFICERS AND D	title if applicable	OTE: Registered Agent signature rec	uired when reinstating)	
Z. TLE	P	e of registered agent and	title if applicable	OTE: Registered Agent signature rec	uired when reinstating)	
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