Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90048 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000472

1. Corporation Name

Principal Place	of Business 27 LOCKE Rd	Mailing Address • LOUDON ROAD 27.	ocke rd		t	
CONCORD NH 03301 CONCORD NH 03301				DO NOT WRITE IN THIS SPACE		
US				3. Date incorporated or Qualifed	\neg	
		,		01/27/1995	Ţ	
Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	ㅓ	
				02-0444711 Not Applicable	₽Ţ	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	ㅓ	
22				5. Certificate of Status Desired Fee Required		
City & State		City & State		6 Floation Compaign Financing \$5.00 May Ro	乛	
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible		
24	25	29 3	o	Personal Property Tax. Yes No	ᆜ	
1	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	긕	
			81 Name			
	ORPORATION		82 Street	Address (P.O. Box Number is Not Acceptable)	ㅓ	
1200 SOUTH ISLAND ROAD			(02) 04,0017	Out of Addition (1.0. Dox House to Addition		
PLAN	ITATION FL 33324		83		.	
			84 City		ㅓ	
			O4 City	FL (National Contractions of the Contraction of the	: }	
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.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCST	☐ DELETE	1.1 TITLE	☐ Change ☐ Additi	on	
NAME	TURNER, HAROLD JR		1.2 NAME	ROBERT BLAIR	1	
STREET ADDRESS	45 RANGE ROAD		1.3 STREET ADDRESS	23 TASKER HILL Rd	- [
CITY-ST-ZIP	GOFFSTOWN NH 03045		1.4 CITY-ST-ZIP	STRAFFOLD NH 02884	J	
TITLE	0	DELETE	2.1 TITLE	☐ Change ☐ Additi	on	
NAME	TURNER, HAROLD JR		2.2 NAME			
STREET ADDRESS	45 RANGE ROAD		2.3 STREET ADDRESS		- [
CITY-ST-ZIP	GOFFSTOWN NH 03045	and the second	2. 4 City-ST-ZIP		ł	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Additi	on	
NAME	TURNER, WILLIAM A		3.2 NAME			
STREET ADDRESS	RR #1 - BOX 445		3.3 STREET ADDRESS		- 1	
CITY-ST-ZIP	NAPLES ME 04055		3.4. CITY-ST-ZIP			
TITLE	V	DELETE	4.1 TITLE	☐ Change ☐ Additi	on	
NAME	BLANCHETTE, GERARD R		4, 2 NAME		\	
STREET ADDRESS	168 SEWALLS FALLS RD		4.3 STREET ADDRESS			
CITY-ST-ZIP	CONCORD NH		4.4 CITY-ST-ZIP			
TITLE	V	DELETE	5.1 TITLE	☐ Change ☐ Addit	ion	
NAME	BELIDA, LOREN M	_	5.2 NAME		1	
STREET ADDRESS	81 PRESTON STREET		5.3 STREET ADDRESS		ļ	
į l	HILLSBOROUGH NH 03244		5.4 C/TY-ST-Z/P		[
CITY-ST-ZIP	MILLODUNUUUN NIN USE44	□ DELETE	6.1 TITLE	Change C Addit	ion	

WEARE NH 03281 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 pripowered.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

JOHNSON, WILLIAM C

44 BROWN RIDGE ROAD