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 Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90027 049 ***150.00

F95000002721 DOCUMENT

1. Corporation Name

CHEYENNE INVESTMENTS INC.

Î								
1	e of Business	Mailing Address					DI A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
P.O. BOX 1210 SALEM OR 97		P.O. BOX 12188 SALEM OR 97309	Anna constituting	the state of the same				
SALEM ON 31	303	SMLEW ON 9/309			DO NOT	WRITE IN THIS	SPACE	:
					3. Date Incorporated or Qual 06/06/1995	ifed	****	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Apı	olied For
21	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	26			93-1168201	**	· Not	Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	d 🗆 .		
City & State City & State 23 28			•		Election Campaign Financ Trust Fund Contribution			
Zip				Country 8. This corporation owes the current year Intangible				
24	25	29	0		Personal Property Tax.			□No
	9. Name and Address of Current F			,	10. Name and Address of Ne	w Registered A	Agent	
	COPPORATION CYCTEM	Bright of Sol &	81	1 Name	,			
UNC 120	CORPORATION SYSTEM O SOUTH PINE ISLAND ROAD		82	2 Street Addre				
j PLA	NTATION FL 33324		83	3		114501420174017	5/4/17 (1912	SE 18 181
,			84	4 City	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508. Florida Statutes	the abov	/e-named corbo	oration submits this statement for	the purpose of o	changing its	registered
"" office or	registered agent, or both in the State of	Florida: Such change was auth	4. FEI Number 93-1168201 Not Applied For Not Applicable 5. Certifcate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 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 FL 85 Zip Code 10 Street Address of Code 1 Street Agent 84 City FL 85 Zip Code 1 Street Address of Code 1 Street Agent Street Agent Street Agent Street Address of Code 1 Str					
agent. 1 a	am familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statute:	5.				
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE: R)	egistered Age	ant signature required	when reinstating) :: 1555 (*)	DATE		
12.	OFFICERS AND	<u> </u>	_	or or grander or or quite			D DIRECTO	RS IN 12
TITLE	CP	☐ DELETE	1.1 TITLE					
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NAME	COLSON, BARTON G		1	- 1			☐ Change	☐ Addition
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			2.2 NAME	1			Change	. Addition
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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 reserver 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 and that my name address, with all other like empowered.

503 370 7071 17209