## .... NOVY. FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90179 038 \*\*\*150.00

## 1999 DOCUMENT # F97000001375 NEBBIRAC, INC. Principal Place of Business Mailing Address 2755 CURLEW RD LOT 110 2755 CURLEW RD LOT 110 PALM HARBOR FL 34648 PALM HARBOR FL 34648 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/18/1997 2a. Mailing Address Applied For 4. FEI Number 2. Principal Place of Business 56-1827936 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Ant. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALLEN, HOWARD W Street Address (P.O. Box Number is Not Acceptable) 2755 CURLEW RD LOT 110 PALM HARBOR FL 34648 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE Sandra Allen ALLEN, HOWARD W 12 NAME 2755 Curlew Rd Lot 110 2755 CURLEW RD LOT 110 1.3 STREET ADDRESS PALM HARBOR FL 34648 14 CITY-ST-7IP : 57-ZIF Change Addition DELETE 2.1 TITLE 22 NAME 2.3 STREET ADDRESS \_\_ FADDRESS 2. 4 CITY-ST-ZIP ST-ZIP Change Addition DELETE 3.1 TIYLE 3.2 NAME 3.3 STREET ADDRESS \_ i ADDRESS 3.4. CITY-ST-ZIP ST-ZIP Change ☐ Addition DELETE 4.1 TITLE 4.2 NAME : ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Addition DELETE 61713E Change 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

or tills annual report or 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4-27-99

Daytime Phone #