

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90323 011 ***150.00

DOCUMENT # F98000001245

1. Corporation Name

H & D VERSPREIDERS BK

Principal Place of Business
120 D EAST VILLA CAPRI CIRCLE
DE LAND FL 32724

Mailing Address
120 D EAST VILLA CAPRI CIRCLE
DE LAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

52-2088314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 107 W. WISCONSIN AVE

Suite, Apt. #, etc.

22 SUITE 22

City & State

23 DELAND FL

Zip

24 32721

Country

25 USA

2a. Mailing Address

26 P.O. Box 3068

Suite, Apt. #, etc.

27

City & State

28 DELAND FL

Zip

29 32721

Country

30 USA

9. Name and Address of Current Registered Agent

DE WET, H C
1800 ESSEX AVENUE
DE LAND FL 32724

10. Name and Address of New Registered Agent

81 Name De Wet, HC

82 Street Address (P.O. Box Number is Not Acceptable)

83 107 W. WISCONSIN AVE SUITE 22

84 City Deland

FL

85 Zip Code 32721

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME DE WEST, HENDRIK C
STREET ADDRESS 120 D EAST VILLA CAPRI CIRCLE
CITY-ST-ZIP DE LAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD
1.2 NAME De Wet, Hendrik C
1.3 STREET ADDRESS 120 D EAST VILLA CAPRI CIRCLE
1.4 CITY-ST-ZIP DE LAND FL 32724

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/99

Date

904-9439670
904-7409259

Daytime Phone #