Mar 01, 1999 8:00 am Secretary of State

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

•	1999 DIVISION OF CORPORATION				ONS	03-01-1999 90253 034 ***158.75	
DOCUN 1. Corporation	MENT # F980	00003746					
Principal Place	of Rusiness	Mailing Address				1 (\$40,500 1)10 1014% 18311 08111 80111 00111 00111 00106 71111 18811 6111 1881	
11400 REICHOLD RD. 11400 REICHOLD RD.						, t	
GULFPORT MS 39503		GULFPORT MS 39503	GULFPORT MS 39503			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						06/30/1998	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26				64-0894329 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State		_		6. Election Campaign Financing S5.00 May Be	
23	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible	
24	25	[29]	30			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent	
<del></del>	9. Name and Address of	Current Registered Agent		81	Name	IV. Hallie and Address of New Registered Agent	
C T CORPORATION SYSTEM						(CO P. North in New Association)	
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				83			
				84	City	85 Zip Code	
					_	<b>FL</b>	
office or n	edistered agent, or both, in the	e State of Florida. Such change was a	autnorizea	DV.	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the	e obligations of, Section 607.0505, Flo	orida Statu	ites			
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if applicable (NOTE	E: Registered	Agen	t signature rec	equired when reinstating) DATE	
12.		RS AND DIRECTORS	13.	Ť		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDPT	☐ DELETE	1.1 TIT	LE		Change Addition	
NAME	ANDERSON, ROY III		1.2 NAME				
STREET ADDRESS	11400 REICHOLD RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	GULFPORT MS 39503			1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition	
NAME :	DS Anderson, Roy Jr.	C Vetere	1	2.7 NAME			
STREET ADDRESS	11400 REICHOLD RD.		2.3 STREE		TADDRESS		
CITY-ST-ZIP	GULFPORT MS 39503			2 4 CITY-ST-ZIP			
TITLE	VCOO DELETE		3.1 TII	3.1 TITLE		☐ Change ☐ Addition	
NAME	MITCH, JOHN T						
STREET ADDRESS	11400 REICHOLD RD.				FADDRESS		
CITY-ST-ZIP	GULFPORT MS 39503  ✓ □ DELETE		_	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	_		1	4.1 TITLE 4.2 NAME		(** Assurance ** A	
NAME expect appaces	Baird, Thomas B Jr. 11400 Reichold Rd.		R	4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	GULFPORT MS 39503			4.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE	5.1 TIT		_	☐ Change ☐ Addition	
NAME	BROOKS, STEVEN		5.2 NA		Ì		
STREET ADDRESS	ALLES DELOCATE DE			REET	TADDRESS		

**GULFPORT MS 39503** 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 suppliemental 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE: ROY ANDERSON, III

**GULFPORT MS 39503** 

11400 REICHOLD RD.

DUBOSE, DANIEL



DELETE

(228) 896-4000

☐ Change

Addition