## 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** 

## DOCUMENT # F98000005119 1. Corporation Name

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90065 031 \*\*\*150.00

Principal Place of Business Mailing Address  1102 NW THIRD ST.  JASPER FL 32052  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	11010 LDLF 1801
JASPER FL 32052 JASPER FL 32052 DO NOT WRITE IN THIS SPACE	
JASPER FL 32052 JASPER FL 32052 DO NOT WRITE IN THIS SPACE	
09/11/1998	
Discount Place of Principage 2 Moliting Address 4 FEI Number	plied For
	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 A	
22 27 27	quired
City & State City & State 6. Election Campaign Financing \$5.00	-
23 Trust Fund Contribution Added to	o Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible  24 25 29 30 Personal Property Tax.	□No
24 25 29 30 Personal Property Tax. Yes  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
LEE, CHARLES H	
507 SE 3RD AVE.  82 Street Address (P.O. Box Number is Not Acceptable)	
JASPER FL 32052 83	
84 City 85 Zip 0	Code
	Sode
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 gistered
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 regagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
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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 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 op an attachment with an address, with all other like empowered.

SIGNATURE: &

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR