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**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

## ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # CO2701

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90280 011 \*\*\*150.00

DELAND FL 32720 US	DELAND F. 32720   DELAND F. 32721   DELAND F. 32722   DELAND F.	DELMO FL 32720 US  DELMO FL 32721 US  DO NOT WRITE IN TILE SPACE  1. Date incorporate of Qualitied 1(0)01/1982  2. Principal Places of Business 2. Minling Address 2. Minling Address 3. 4. FEI Number 1 5. 592/51876 1. Not Applicable 1. Set 5. Set 5. Set 5. Set 6. Set 6	1. Corporation	RESOURCES, INC.	Mailing Address									
DELAND FL. 32724  DELAND FL. 3	DELAND F. 12720   DELAND F. 12721   SUBME   DO NOT WRITE. IN THIS SPACE	DELAND FL 32720 US  3. DO NOT WRITE IN IT IS SYNCE  3. Case is economisted or Qualified 10/001/1982 2. Principal Place of Business 2. A Malting Address 3. Sette, April, etc. 4. FEI Nimber 5. Sette Sette Coy & State 6. Electric Campaign From Contribution 7. Fee Required 7. Fee Required 7. Sette Sett Sette Sett Sette Sett Sette Sett Sette Sett Set												
3. Date Discopporated or Qualified 10/01/1982 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 59-225/1876 4. FEI Number 59-225/1876 5. Certicate of Status Desired 58-275-2876 6. Electic in Campaign Financing 75-2876 75-287	2. Principel Place of Business 2. Maining Address 2. Maining Address 3. Dele incorporated or Qualified 10/01/1982 2. Principel Place of Business 2. Sulto, Apt. 8, etc. 2. Sulto, Apt.	2. Principal Place of Business   2a. Mailing Address   4. FEI Number   10/01/1982   2   2   2   2   2   2   2   2   2	1 100 1											
2	Principal Place of Business   2a Mailing Address   4. FEI himstor   5. Page   7. Not Applications   5. Certificate of Strains Desired   7. Not Applications   5. Certificate of Strains Desired   7. Not Applications   5. Certificate of Strains Desired   5. Certificate of Strains Desired Agent   5. Certificate   5. Certificat	1001/1982	บร		US		-			2. Data live			IS SPACE	
2. Principic Place of Business   2a Mailing Address   59-2/51876   Not Applicable For Son	2. Principal Place of Business   2a. Maling Address   5e   59-2/51876   Not Applicable	2. Principe? Place of Business   2. Mailing Address   4. FEII Number   59-2/51876   Applied For									•	eu		
Suite, Apt. #, etc.  City & State  Country  City & State  Country  City & State  City & State  City & State  Country  City & State  Country  City & State  City & S	Sulfa, Apt. #, etc.   28	Sulfa, Apt. 8, etc.	8 Date de 1 D	and Province	2- Mailing Address								I An	rdied For
Sulfe, Apt. #, etc.    20	Suite, Apt. 8, etc.  27  City & State  City	Site, Apt 8, etc.   Suite Apt 8, etc.   Suite Apt 8, etc.   S. Certificate of Status Desired   \$8.75 Additional programment of the provisions of Status   St	<u> </u>	ace of Business	F								<b>⊢</b> + − −	
S. Certificate of Status Desired   Fee Respired	27   City & State   City & City	27		# oto		to Ant # oto				J <del>3</del> 26.	1010			
City & State 28    City & State   Ci	City & State  23   28   Country   Z/p	City & State   City & Country   2   City   C	— `	#, etc.	<del>                                     </del>				i	<ol><li>Certifcat</li></ol>	e of Status Desired		· · · · · · ·	
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Zip   Country   Zip   Country   Zip   Country   Zip   Sin	Zip	Zip												
28	25   28   29   30   30   Personal Property Tax.   Yes   No   No   Name and Address of New Register d   Agent   No   Name and Address of New Register d   Agent   No   Name and Address of New Register d   Agent   No   Name and Address of New Register d   Agent   No   Name and Address of New Register d   Agent   No   Name and Address of New Register d   Name   No   Name and Address of New Register d   Name	25   28   30   Personal Property Tax.		Country		Co	untry			8. This con	poration owes the c	urrent year	Intangible	
BARKHEIMER, MARY JEANNE 200 WATERS EDGE TRAIL DELAND FL 32724  11. Pursue not to the provisions of Suctions 607.0502 and 607.1508, Florida Statutes.  12. The provisions of Suctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, and succept the obligations of, Section 607.0505, Florida Statutes.  SIGNATUFE Signature, typed or preted in the of reported agent and time if applicable.  PD	BARKHEIMER, MARY JEANNE 20 WATERS EDGE TRAIL DELAND FL 32724  11. Pursuant to the provisions of Svictions 607 0507, and 607 1508. Floreds Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Florids. Such change was submotized by the corporation's board of sirectors. I hereby accept the approximent as registered agent. In the State of Florids. Such change was submotized by the corporation's board of sirectors. I hereby accept the approximent as registered agent. In familiar with, and accept the obligators of, Section 607 0506, Florids. Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  DELETE  TITLE  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INVESTIGATION SECTION	BARKHEIMER, MARY JEANNE 20 WATERS EDGE TRAIL DELAND FL 32724  11. Pursuint to the provisions of Suctions 607,050; and 807,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida's Such change was submotized by the corporation's board of illinators. I hereby accept the opposition of School for 7606, ft Tynds Statutes.  SIGNATURE  12. OFFICERS AN) DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AN DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. TITLE  PD  BARKHEIMER, MARY JEANNE  15. TITLE  15. TITLE  PD  BARKHEIMER, MARY JEANNE  15. TITLE  15. TITLE  PD  BARKHEIMER, MARY JEANNE  15. TITLE	<b>—</b>		<b>⊢</b>	30							_	□No
BARKHEIMER, MARY JEANNE 200 WATERS EDGE TRAIL DELAND FL 32724  82 Street Aridress (P.O. Bo) Number is Not Acceptable)  83 Street Aridress (P.O. Bo) Number is Not Acceptable)  84 City  85 Zip Code  86 City  86 City  87 City  88 Zip Code  88 Zip Code  88 City Code  88 City Code  88 City Code  89 City Code  89 City Code  80 City Code  80 City Code  80 City Code  80 City Code  81 City Code  82 City Code  83 City Code  84 City Code  85 City Code  85 City Code  86 City Code  87 City Code  88 City Code  88 City Code  88 City Code  88 City Code  89 City Code  80 C	BARKHEIMER, MARY JEANNE 200 WATERS EDGE TRAIL DELAND FL 32724  82 Street Aiddress (P.O. Bio.) Number is Not Acceptable)  83 Street Aiddress (P.O. Bio.) Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  11. Pursus at to the provisions of Suctions 607,050; and 607,1508, Florida Statut iss. the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Friorida. Such change was authorized by the corporation's board of directors. I hereby accept the api ontiment as registered agent and accept the obligation sof, Section 607,0056, Flynda Statutes.  SIGNATUE Signature, typed or privated as two of impattened agent and title if application.  OPE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS ND DIRECTORS IN 12. TITLE  PD DELETE 11. TITLE  BARKHEIMER, MARY JEANNE 12. NAME BARKHEIMER, MARY JEANNE 12. NAME BARKHEIMER, MARY JEANNE 12. NAME 20. WATERS EDGE TRAIL 12. OPE AND FL 14. CYST  VEX. OPE AND FL 15. TITLE  VEX. OPE AND FL 16. Change Addition	BARKHEIMER, MARY JEANNE 200 WATERS EDGE TRAIL DELAND FL 32724  82 Street Acidrees (P.O. Bo) Number is Not Acceptable)  83 Street Acidrees (P.O. Bo) Number is Not Acceptable)  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Skiglions 607.0505, and 607.1508, Flonds Statut, tos. the above-named corporation submirs this statement for the purpose of changing its registered agent. an affertilize with, and a cept the obligat one of, Section 607.0505, Flonds Statut, tos. the above-named corporation's board of tirectors. I hereby accept the approximent as registered agent. I mile affective the corporation's board of tirectors. I hereby accept the approximent as registered agent. I mile affective the corporation's board of tirectors. I hereby accept the approximent as registered agent. I mile a fine provisions of Skindless.  SIGNATUFE  Signature  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS NOD DIRECTORS IN 12. I TITLE  DELAND FL  1.3 STREET ADDRESS  CITY-51.2P  DELAND FL  1.3 STREET ADDRESS  CITY-51.2P  DELAND FL  1.4 CITY-51.2P  DELAND FL  1.4 CITY-51.2P  DELAND FL  1.5 TITLE  STREET ADDRESS  CITY-51.2P  DELTONA FL  1.5 STREET ADDRESS  1.5								10. Name a	nd Address of Nev	v Registere	d Agent	
200 WATERS EDGE TRAIL DELAND FL 32724    83	20 WATERS EDGE TRAIL DELAND FL 32724  83  84 City FL 85 Zip Code  11. Pursus not to the provisions of Sirctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its segistered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATUFE  Signature, typed or printed name of imposteed agent and ties if apoctable. [NOTE Replaced Agent agentatives or interesting of the corporation submits based of vinectors. I hereby accept the api oriminant as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATUFE  Signature, typed or printed name of imposteed agent and ties if apoctable. [NOTE Replaced Agent agentative or interesting of the properties of the corporation submits is statement for the purpose of changing its segistered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATUFE  Signature, typed or printed name of imposteed agent and ties if apoctable. [NOTE Replaced Agent agentative or interesting of the corporations submits is statement for the purpose of changing its segistered agent. I am familiar with, and accept the obligations of change interesting its segistered agent. I am familiar with, and accept the obligations of change interesting its segistered agent. I am familiar with, and accept the obligations of change interesting its segistered agent. I am familiar with, and accept the obligations. I hereby accept the obligations of change interesting its segistered agent. I am familiar with, and accept the obligations. I hereby accept the	20 WATERS EDGE TRAIL DELAND FL 32724  84 City FL 85 Zip Code  11. Pursuent to the provisions of Suctions 607.0502 and 607.1508. Florida Statt tes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was submotized by the corporations board of rirectors. Thereby accept the apriles registered agent, or both, in the State of Florida. Such change was submotized by the corporations board of rirectors. Thereby accept the apriles is egistered office or registered agent, or both, in the State of Florida. Such change was submotized by the corporations board of rirectors. Thereby accept the apriles is egistered agent, or both, in the State of Florida Statt tes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar and accept the obligations of the submits as registered agent, and familiar with, and accept the obligations of the corporations board of rirectors. Thereby accept the apriles is egistered discovered and the applications.  SIGNATULE  12. OFFICERS AND DIRECTORS  SIGNATULE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD					81	Name		<u>,                                     </u>				
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11. Pursuant to the provisions of Suctions 607.050% and 607.1508, Florida Stat test, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the opi ontiment as registered agent, a maintain and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATUF:    Signature, typed or printed in orition of registered agent and title if applicable.	11. Pursuent to the provisions of Suctions 607.050° and 807.1508. Flonds Statutes, the above-named overpration submits this statement for the purpose of changing its registered discours of registered agent, or both, in the State of Flonds. Such change was sutmorbed by the corporation's board of directors. I hereby accept the approximant as registered discours of the provisions of Suction 607.0505, Florida Statutes.  SIGNATUFE  SIGNATUFE  31.	Pursuant to the provisions of Suctions 607.0507 and 607.1508. Florida Statu tes, 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 sutmorted by the corporation's board of directors. I hereby accept the api ointment as registered agent, or both, in the State of Florida. Such change was sutmorted by the corporation's board of directors. I hereby accept the api ointment as registered agent agent, and a scept the obligations of, Section 607.0505, Florida Statutes.    SIGNATUFE	l				83							
11. Pursuant to the provisions of Shictions 607.0507, and 607.1508, Florida Statut tes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the api ontiment as registered agent, and ancept the obligations of, Section 607.0505, Florida Statutes.  SIGNATUF:    True	11. Pursue nt to the provisions of Sictions 607 (507), and 807 (50	11. Pursus int to the provisions of Sictions 607 GEC and 807.1508. Florida State to the provisions of Sictions 607 GEC and 807.1508. Florida State to the provisions of Sictions 607 GEC and 807.1508. Florida State to the provisions of Sictions 607 GEC and 807.1508. Florida State to the provisions of Sictions 607 GEC and 807.1508. Florida State to the provisions of Sictions 607.0505. Florida Statutes.  SIGNATUFE    Signature, typed or preted no tre of implicated agent and title # applicable.   (NOTE Registered Agent agreeure registered agent and title # applicable.   (NOTE Registered Agent agreeure registered agent and title # applicable.   (NOTE Registered Agent agreeure registered agent and title # applicable.   (NOTE Registered Agent agreeure registered agent and title # applicable.   (NOTE Registered Agent agreeure registered when relierable)  12.					84	City					85 Zip 0	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporition's board or infectors. I flereby accept the abjustment as registered agent, and accept the obligat ons of, Section 607.0505, Florida Statuture.  SIGNATUFE    Signature, typed or printed neme of registered agent and little if applicable.   (NOTE) Registered Agent signature required when reinstating)   DATE	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporition's board of infectors. Interest agent and remain with and except the obligations of, Section 607/0505, Florida Statutes.  SIGNATUFE    12	office or registered agent, or both, in the State of Flonds. Such change was subhorized by the corporation's board of infectors. Thereby succept in all comments as registered agent, or both, in the State of Flonds. Such change was subhorized by the corporation's board of infectors. Thereby succept in all comments are signed.    Signature						·						
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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 on an attact ment with an address, with all other like empowered.

SIGNATURE: 2

104-738-0405