

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90143 003 ***150.00

DOCUMENT # G06276

1. Corporation Name

MATTINGLY ENTERPRISES, INC.



Principal Place of Business

3159 PUTTER CT
GREENWOOD IN 46143
US

Mailing Address

3623 W STONE CROSSING RD
GREENWOOD IN 46143
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1982

4. FEI Number

59-2248171

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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

☐

Yes

☒ No

2. Principal Place of Business

21 1800 NE 39 COURT

Suite, Apt. #, etc.

22 1003

City & State

23 POMPANO BCH FL

Zip

24 33064

Country

25 USA

2a. Mailing Address

26 1800 NE 39 COURT

Suite, Apt. #, etc.

27 1003

City & State

28 POMPANO BCH FL

Zip

29 33064

Country

30 USA

9. Name and Address of Current Registered Agent

MATTINGLY, JAMES R

4200 NE 22ND TERRACE

LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name

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

1800 NE 39 COURT #1003

83

84

POMPANO BCH

FL

85 Zip Code
33064

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

James R Mattingly

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 ☐ DELETE

NAME MATTINGLY, JAMES R

STREET ADDRESS 4200 NE 22ND TERR

CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ☐ DELETE

NAME MATTINGLY, JOYCE M

STREET ADDRESS 3159 PUTTER CT

CITY-ST-ZIP GREENWOOD IN

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1800 NE 39 COURT #1003

1.4 CITY-ST-ZIP POMPANO BCH FL 33064

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1800 NE 39 COURT #1003

2.4 CITY-ST-ZIP POMPANO BCH FL 33064

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

James R Mattingly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-99

CR2E034 (11/98)