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 # G30722

BERGSTRESSER II, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90038 025 ***150.00



	(B. :	NA-UL- Add				E IMBATILE MANN ANTEL MARIN LANGUA EL	#10 1181 B1811 B18	ISI MIGIS MINI	#(#(f #1#)) 1##(
Principal Place	of Business .	Mailing Address			Ì				
157 N INDUSTR		1347 KETTLEDRUM TRAIL							
1575 STONE TRAIL ORANGE CITY FL 32763		ENTERPRISE FL 32725 US			DO NOT WRITE IN THIS SPACE				
US		00			3. Date Incorporated or Qualifed				
•					į	03/28/1983			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
<u> </u>		26				59-2279354			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
		27				5. Certifcate of Status Desired		•	Required
22 City & State		City & State				6. Election Campaign Financing		\$5.00) May Be
23	•	28				Trust Fund Contribution			to Fees
Zip	Country	Zip Country				8. This corporation owes the curr	ent vear Inta	naible	
24	25	·	30	,		Personal Property Tax.		Yes	□No
24	9. Name and Address of Current		00			10. Name and Address of New	Registered A	gent	
	J. 114110 J.10 11401 000 01 001			81	Name				
BERO	GSTRESSER, MARY A.	82 Street A							
	KETTLEDRUM TRL				Street Addres	ess (P.O. Box Number is Not Acceptable)			
ENTERPRISE FL 32725				83					
	THE PERSON NAMED IN COLUMN NAM			"		_			
				84	City		FL	85 Zip	Code
				<u>l</u>				hanaina i	e registered
office of re	to the provisions of Sections 607.0502 agistered agent, or both, in the State on a familiar with, and accept the obligation	t Florida. Such change was au	inonzec	ז עם נ	-named corpor he corporation	's board of directors. I hereby acce	pt the appoin	tment as a	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTF:	Registered	Agent	signature required v	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS ANI	D DIRECT	ORS IN 12
TITLE T	DVP	☐ DELETE	1.1 Ti	TLE				Change	
NAME	BERGSTRESSER, MARY A		1.2 N						
Ī	1347 KETTLEDRUM TRL		•		ADDRESS				
STREET ADDRESS			ł						
CITY-ST-ZIP	ENTERPRISE FL	DELETE		TY-ST	-217	<u> </u>		Change	Addition
TITLE	PD PANED DAVID D	C) Section	2.1 TY					<u> </u>	_
NAME	BERGSTRESSER, DAVID R		2.2 N/						
STREET ADDRESS	1347 KETTLEDRUM TRL	•	2.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	ENTERPRISE FL			ITY-51	T-ZIP	- Tarana - 			Addition
TITLE	· _	☐ DELETE	3.1 TI	TLE	ĺ			Change	: Madilion
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S1	TREET	ADDRES\$				
CITY-ST-ZIP			3.4. C	ITY-ST	r-zip				
TITLE		☐ DELETE	4.1 T	TLE				Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	TREET	ADDRESS				
CITY+ST-ZIP	•		4.4 CI	ITY-ST	-ZIP				
TITLE		☐ DELETE	5.1 11	_				Change	Addition
NAME			5.2 N						
			5.3 ST	TREET	ADDRESS				
STREET ADDRESS				TY-\$T					
CITY-ST-ZIP		☐ DELETE	6.1 TI			_		☐ Change	Addition
TITLE			6.2 N		}				_
NAME					ADDRESS				
STREET ADDRESS					1				
CITY ST ZIP	图据编辑 建设金属		6.4 C	ITY-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:

YOU ON BU ON BUNDED ON A PRINTED HAVE OF SIGNING OF FICER ON ON PRINTED HAVE PROPERTY OF DAYLING PROPERTY

CR2E034 (11/98)