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 # G50525

1. Corporation Name

ARAGON ENTERPRISES, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90061 044 ***150.00



					I BIBNI WARAN W	Mis Bleet (86)	
Principal Plac	e of Business	Mailing Address					
50 S. E ST.		P.O. BOX 17123 PENSACOLA FL 32522-7123					
STE 25 B Pensacola fl	3250t	US		DO NOT WRITE IN THIS S	PACE		
US				3. Date Incorporated or Qualifed			
		,		07/20/1983			
2. Principal P	lace of Business	2a. Mailing Address	. 27	4. FEI Number	Ap	olied For	
21 335	Deer POINTDI	726 P.O.BOX 1	1433	59-2361195	No	Applicable	
Suite Apt.		Suite, Apt. #, etc.	,	S Outford of Chatan Davids	\$8.75 A	dditional	
22 27				5. Certifcate of Status Desired	Fee Re	quired	
City & State City & State			F-,	6. Election Campaign Financing	\$5.00	May Be	
23 (0)	it dreeze.FL	28 Gulf Dreez	e, HL	Trust Fund Contribution	Added to	Fees	
Zip	Country		Country	8. This corporation owes the current year Intar	ngible		
24 325	(1) 25 US	29 32562 30	<u>UD</u>	T Groundin Toponty Taxa	Yes	Ño	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered A	gent		
MAD	CHA C BDOMN		81 Name				
	ISHA C. BROWN		82 Street Address (P.O. Box Number is Not Acceptable)				
335 DEER POINT DR. GULF BREEZE FL 32561							
GUL	F DREEZE PL 32361		83	•		•	
			84 City		85 Zip C	Code	
				FL_			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, the	e above-named o	corporation submits this statement for the purpose of control in board of directors. I berefy accept the appoint	hanging 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 templiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Marchall.	mour	-	2/:	3/7	7	
SIGNATORE	Signature, typed or printed name of registered agen			quired when reinstating) DATE			
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND		Addition	
TITLE	P		.1 ππ.E	MARSHAL. BROWN 335 DEER POINT D Gulf Breeze, FL	Latinarige	Addition	
NAME .	BROWN, MARSHA C		2 NAME	72: DEEN DOINT D	P.		
STREET ADDRESS		1.	.3 STREET ADDRESS	200 800 470	27-	1. 1	
CITY-ST-ZIP	PENSACOLA FL		4 CITY-ST-ZIP	GULT BIEEZE ILC	<u> </u>	Addition	
TITLE	ST	_	.1 411CE	,	☐ Change	Addition	
NAME	CREEL, W.T.	2.	.2 NAME				
STREET ADDRESS	7510 PONTIAC DR.	2.	.3 STREET ADDRESS				
CITY-ST-ZIP.	PENSACOLA FL		. 4 CITY-ST-ZIP		= -		
TITLE	•	DELETE . 3.	.1 TITLE-	÷	Change	☐ Addition	
NAME ,		3.	2 NAME				
STREET ADDRESS	}	3.	3 STREET ADDRESS				
CITY-ST-ZIP			.4. CITY-ST-ZIP				
TITLE		☐ DELETE 4.	.1 TITLE		Change	☐ Addition	
NAME] 4	. 2 NAME	·			
STREET ADDRESS		4.	.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		4 CITY-ST-ZIP				
TITLE			1 TITLE		☐ Change	Addition	
NAME		5.	.2 NAME	•			
STREET ADDRESS	1	5.	.3 STREET ADDRESS				
CITY-ST-ZIP	}	5	4 CITY-ST-ZIP				
TITLE		☐ DELETE 6.	1 TITLE		Change	☐ Addition	
NAME		6.	2 NAME				
STREET ADDRESS	1	6	.3 STREET ADDRESS				
CITY-ST-ZIP:	}	6	.4 CITY-ST-ZIP				
ULIT-Q1*48F .	1						

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 end 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 op on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 3 9 8509322404 Daylina Phone #