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PROFIT \*\*\* CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT# 6

1999

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90008 021 \*\*\*150.00

1. Corporation							
Principal Plac	ce of Business	Mailing Address					
20811 NW 190TH AVE HIGH SPRINGS FL 32643 US  20811 NW 190TH AVE HIGH SPRINGS FL 32643 US  US				DO NOT WRITE IN THIS SPACE			
, ,		03		3. Date Incorporated or Qualifed			۱.
				11/09/1983	,		
2. Principal P	Place of Business 1 1	2a. Mailing Address		4. FEI Number	Ap	plied For	بو
21		26		59-2302480		t Applicable	5
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re		14
_City.& Stat	te	- City & State		6. Election Campaign Financing	\$5:00		
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to	o Fees	
24	25	29 3	<b>_</b>	This corporation owes the current year Ir Personal Property Tax.	⊡Yes	□No	
<del> </del>	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered	l Agent		
DEV	ANEY, GEORGE H. JR.		OT Name				
	2 BOX 1967		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	11 N.W. 190TH AVÉ.		83	1 Page 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1125-27	F1 (3 193)	
HIG	H SPRINGS FL 32643		84 City		1/21	. 4 - 1 (3) - 13 C	
	185.8			FI	85 Zip C		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was aut	horized by the corporation	poration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changing its pintment as reg	registered gistered	
g		10110 011 00000011 001 1000011 10110	ia Statutes.				
SIGNATURE	23. 1 mg				: :	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered Agent signature require		ND DIRECTO	, RS IN 12	. (80
=	Signature, typed or printed name of registered agent  2 OFFICERS AND	t and title if applicable. (NOTE: R		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	11/08)
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature require				(40/1/08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND DP DEVANEY JR, GEORGE H	and title if applicable. (NOTE: R	egistered Agent signature require				E034 (44/08)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND DP DEVANEY JR, GEORGE H	and title if applicable. (NOTE: RD DIRECTORS)	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME				D2E03/ (11/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent  OFFICERS AND  DP  DEVANEY JR, GEORGE H  ROUTE 1 BOX 417  HIGH SPRINGS, FL 00000  D	and title if applicable. (NOTE: R	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS				CD2E034 (41/08)
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent  2 OFFICERS AND  DP  DEVANEY JR, GEORGE H  ROUTE 1 BOX 417  HIGH SPRINGS, FL 00000  D  DEVANEY, STEVEN J.	and title if applicable. (NOTE: RD DIRECTORS)	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change	☐ Addition	CD2E034 (41/08)
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent  OFFICERS AND  DP  DEVANEY JR, GEORGE H  ROUTE 1 BOX 417  HIGH SPRINGS, FL 00000  D  DEVANEY, STEVEN J.  RT 2 BOX 1968	and title if applicable. (NOTE: RD DIRECTORS)	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change	☐ Addition	CD2E034 (11/08)
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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 attachment with an address with all other like empowered.

904-454-3061

Daytime Phone #