FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # G86278 1. Corporation Name D. A. NORTHCUT CO., INC.

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90258 008 ***150.00



Principal Place of Business Mailing Address							J 1007(5) BEBL 121)2 BHILD 3) DHI 18201 1251 BHILL BIRKL BIRKL BIRKL BIRKL BIRKL BIRKL BIRKL BIRKL BIRKL
14041 S.W. 320 ST. P.O. BOX 900-999							
17011 01111 020 011			DMESTEAD FL 33090				DO NOT WRITE IN THIS SPACE
US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
							02/24/1984
2 Principal Place of Business 2a, Mailing Address				_			4, FEI Number Applied For
			, Mailing Address	Address			59-2383193 Not Applicable
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				\$8.75 Additional
1		27	7 ' '				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing 55.00 May Be
23			7				Trust Fund Contribution Added to Fees
			Zip Country				8. This corporation owes the current year Intangible
24 25 29			30	30		Personal Property Tax. ☐ Yes ☐ No	
-*	9. Name and Address of Current		stered Agent		L		10. Name and Address of New Registered Agent
	,				81	Name	
	THCUT, DONALD A.				82 Street Address (P.O. Box Number is Not Acceptable)		
	1 S.W. 320 ST MIAMI, FLA				-	Sugar Addition	
PO BOX 0018D					83	117	
HOMESTEAD FL 33090-7018					84	O.S.	85 Zip Code
					04	City	FL S Z S S S S S S S S
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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р		☐ DELETE	1.1 T	TLE		☐ Change ☐ Addition
NAME	NORTHCUT, DONALD A			1.2 N	AME		
STREET ADDRESS	14041 S.W. 320 ST.			1.3 S	TREET	TADDRESS	
CITY-ST-ZIP	HOMESTEAD FL			1.4 C	ITY-S'	T-ZIP	
TITLE			2.1 ⊤	TLE		☐ Change ☐ Additio	
NAME	NORTHCUT, JOAN P			2.2 N	AME		
STREET ADDRESS	14041 S.W. 320 ST.			2.3 \$	TREET	T ADDRESS	
CITY-ST-ZIP - ~	HOMESTEAD FL			2.40	ITY-S	ST-ZIP	and the second s
TITLE	•		☐ DELETE	3.1 T	πE		☐ Change ☐ Addition
NAME				3.2 N	AME		
STREET ADDRESS				3.3 S	TREET	TADDRESS	
CITY-ST-ZIP				3.4.0	ITY-S	ST-ZIP	
TITLE			☐ DELETE	4.1 T	TLE		☐ Change ☐ Additio
NAME				4. 21	AME		
STREET ADDRESS				4.3 S	TREET	TADDRESS	
CITY-ST-ZIP				4.4 0	ITY-S	T-ZIP	
TITLE	 		☐ DELETE	5.1 T	ITLE		☐ Change ☐ Additio
NAME				5.2 N	AME		
STREET ADDRESS				5.3 S	TREET	TADDRESS	
CITY-ST-ZIP				5.4 0	ITY-S	T-ZIP	
TITLE			☐ DELETE	6.1 T	ITLE		☐ Change ☐ Additio
NAME ,-				6.2 N	AME		*
STREET ADDRESS				6.3 S	TREE	T ADORESS	·
CITY-ST-ZIP	* *			6.4 0	ITY-S	T-ŻIP	

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 eport 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 in the receiver of the corporation of the receiver of