

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  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90073 044 \*\*\*150.00

DOCUMENT # G86877

1. Corporation Name  
DON HOUSTON, INC.

Principal Place of Business  
204 NORTH MARION STREET  
LAKE CITY FL 32055

Mailing Address  
204 NORTH MARION STREET  
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/29/1984

4. FEI Number

59-2376991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 405 NORTH MARION ST.

26 405 N MARION ST

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

LAKE CITY FL

28 City & State

LAKE CITY FL

24 Zip

32055

25 Country

USA

29 Zip

32055

30 Country

USA

9. Name and Address of Current Registered Agent

HOUSTON, DONALD RAY  
204 NORTH MARION STREET  
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

HOUSTON, DONALD RAY

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

405 NORTH MARION STREET

83

84 City

LAKE CITY

85 Zip Code

FL 32055

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

Donald Ray Houston

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-99

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE  
NAME HOUSTON, DONALD RAY  
STREET ADDRESS 204 NORTH MARION STREET  
CITY-ST-ZIP LAKE CITY FL

TITLE VS ☐ DELETE  
NAME HOUSTON, PHYLLIS  
STREET ADDRESS 204 NORTH MARION ST.  
CITY-ST-ZIP LAKE CITY FL

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 405 NORTH MARION STREET  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 405 NORTH MARION STREET  
2.4 CITY-ST-ZIP

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:

Donald Ray Houston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 (904) 752-1793

Date

Daytime Phone #

CR2E034 (11/98)