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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H00536

1. Corporation Name

COLLING MURSERY INC

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90158 030 ***150.00

Principal Place	e of Business	Maili	ing Address				\neg	i idilitik bisi bibisi bilibi i			51011 G(811 1901
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PLANT CITY FL 33565-9998 PLANT CITY FL 33565-9998				98							
							\vdash		WRITE IN THI	S SPACE	
							3.	 Date Incorporated or Qua 04/24/1984 	alifed		
2. Principal P	lace of Business	2a. N	Mailing Address				4	FEI Number		Ar	plied For
21		26						<u>59-2399568</u>		No.	ot Applicable
Suite, Apt. #, etc.		J	Suite, Apt. #, etc.				- 5	5, Certificate of Status Desir	ed 🗀	\$8.75 / Fee Re	Additional equired
City & Stat	e		City & State				6	Election Campaign Finan	cina _	\$5.00	May Be
23		28					"	Trust Fund Contribution		Added	
Zip	Country		ip.	Cou	intry		8	This corporation owes the	current year li	ntangible	
24	25	29		30				Personal Property Tax.	·	Yes Yes	□No
	9. Name and Address of Curr		red Agent		<u> </u>		10). Name and Address of	lew Registered	d Agent	
					81	Name					
	Lins, gene t.				82	CtA A d	dross ((P.O. Box Number is Not Ad	occatable)		
BOX 5006 PLESS ROAD						Sireet Aut	uress (i	(P.O. BOX NUMBER IS NOT A	ceptable)		
PLAI	NT CITY FL 33565		•		83						
					84	City		71.80	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607	1.1508, Florida Stat	utes, the a	bove	-named cor	rporatio	on submits this statement fo	or the nurpose of	of changing its	registered gistered
oπice or r agent. I a	m familiar with, and accept the obli	gations of S	Section 607.0505, F	lorida Stati	utes.	ine corpora	uon a D	•			
agent. I a	m familiar with, and accept the obli	gations of, S	Section 607.0505, F	lorida Stati	utes.	ine corpora	uon a b	•		_	
office of r agent. I a SIGNATURE	m familiar with, and accept the obli	gations of, S	policable. (NO	lorida Stati	utes.	signature requi	ired when	n reinstating)	DATE		
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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.

EQUIREGene T Collins