Applied For

\$8.75 Additional

Fee Required

Not Applicable

26

27

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H29015**

1. Corporation Name

21

22

EMERY GROUP, INC.

,	
Principal Place of Business	Mailing Address
7830 CORTEZ RD W BRADENTON FL 34210 US	7830 CORTEZ RD W Bradenton FL 34210 US
2. Principal Place of Business	2a. Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90180 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 11/07/1984

5.-Certificate of Status Desired

4. FEI Number

59-2457126

City & State	3	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country			This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
F1.45	DV 000507.0			81	Name			
EMERY, ROBERT C.			ł	82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	$\neg \neg$	
6906 ARBOR OAKS CT.								
BRADENTON FL 33529				83			1	
		•	-	84	City	85 Zip Code		
				04	City	FL 100 210 0000	Ì	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the ab	oove	-named co	orporation submits this statement for the purpose of changing its register	red	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was	s authorized	Dy t	he corpora	ation's board of directors. I hereby accept the appointment as registered	1	
agent. i ar	m tamiliar with, and accept the obliga-	ions of, Section 607.0505, i	ionga State	ics.				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if soplicable. (NC	OTE: Registered	Agent	signature requ	ulred when reinstating) DATE	-]	
12.		D DIRECTORS	13.	· ·		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	PTD	☐ DELETE	1.1 TIT	LĘ.	T	☐ Change ☐ A	ddition	
NAME	EMERY, ROBERT C., JR.			ME	ļ		ļ	
STREET ADDRESS	COOR APPOR CAVE CT		13 ST	REET.	ADDRESS			
	PROPERTY.		1,4 C/T					
CITY-ST-ZIP			2.1 T/T		-	☐ Change ☐ A	ddition	
			1	2.2 NAME				
NAME	6906 ARBOR OAKS CT.		1		ADDRESS			
STREET ADDRESS	DO ADELITAL EL						1	
CITY:ST-ZIP			2.4 CI 3 1 TIT		-219	☐ Change ☐ A	ddition	
TITLE				1		1		
NAME	32N					•	1	
STREET ADDRESS	- - · · ·				ADDRESS			
CITY-ST-ZIP		□ DELETE	3.4. CI		-ZIP	☐ Change ☐ A	ddition	
TILLE	,	□ vetere	4,1 717					
NAME (4. 2 N/				}	
STREET ADDRESS	•		4.3 ST	REET.	ADDRESS		}	
CITY-ST-ZIP			4.4 CIT		-ZIP	☐ Change ☐ A	ddition	
TITLE		☐ DELETE	5.1 TIT			☐ Change ☐ P	MUCHUOII	
NAME			5.2 NA		_ [•		
STREET ADDRESS			5.3 ST	REET.	ADDRESS		, [
CITY-ST-ZIP			5.4 CD		-ZIP		1.10	
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ A	ddition	
NAME	•		6.2 NA					
STREET ADDRESS			6.3 ST	REET	ADDRESS		ļ	
CITY-ST-ZIP	[Red 25 - 5 33 kg		6.4 CIT					
14. I hereby o	ertify that the information supplied with	th this filing does not qualify	for the exer	mptic	on stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the informa	tion	

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 chapter or on an attachment with an address, with all other like empowered.

941-792-1790