## 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

## DOCUMENT # H35364

FREEDOM INDUSTRIES, INC.

Principal Place	co of Rusiness	Mailing Address			<del></del>			
Principal Place of Business Mailing Address								
2672 TUSCARORA TRAIL MAITLAND FL 32751 MAITLAND FL 32751 MAITLAND FL 32751								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		<del></del>
						12/26/1984		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21	26					59-2537761	N	lot Applicable
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	7		•	5. Certifcate of Status Desired	•	Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip : Country 24 . 25 2		Zîp <b>29</b>	' r '			This corporation owes the current year In Personal Property Tax.	tangible * □ Yes	×Nº
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
3	OT DALIE O	(		81	Name			
WEST, PAUL S. 2672 TUSCARORA TRAIL				82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
MAI	TLAND FL 32751			83				
			ŀ	84	City		85 Zip	Code
				•	City	FL	_   63   £1p	Code
office or	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was	authorized	by t	-named corp the corporation	oration submits this statement for the purpose or on's board of directors. I hereby accept the appo	changing it intment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	ΓE: Registered F	Agent	signature require	d when reinstating) DATE		
12.	***	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPC	☐ DELETE	1.1 TITL	E			Change	☐ Addition
NAME	WEST, PAUL S.		1.2 NAA	νE				
STREET ADDRESS			1.3 STR	REET	ADDRESS			
CITY-ST-ZIP	MAITLAND FL		1.4 CITY	Y-ST-	-ZIP			
TITLE	DST	☐ DELETE	2.1 TTL	ιE			Change	☐ Addition
NAME	WEST, ANNE M.		2.2 NAM	đΕ			•	
STREET ADDRESS			2.3 STR	REET	ADDRESS			
CITY-ST-ZIP	MAITLAND FL	·	2. 4 CIT	Y-ST	-ZIP			
TITLE $\gamma_{i} = \gamma_{i}$	The said	☐ DELETE	3.1 TITL	.E			Change	☐ Addition
NAME	· "我将我们的一个大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大		3.2 NAM	ΜE				
STREET ADDRESS			3.3 STR	REET	ADDRESS			
CITY-ST-ZIP								
TITLE			3.4. CIT	Y-ST	r-zip			·
NAME ,		☐ DELETE	3.4. CIT 4.1 TITL		r-ZIP		☐ Change	Addition
		DELETE		.E	r-ZIP		☐ Change	Addition
STREET ADDRESS	and the	DELETE	4.1 TITL 4. 2 NAM	.E ME	ADDRESS		☐ Change	Addition
13 S 30 30 20		DELETE	4.1 TITL 4. 2 NAM	.e Me Reet /	ADDRESS		☐ Change	Addition
STREET ADDRESS		DELETE	4.1 TITL 4. 2 NAI 4.3 STR	.E ME REET / Y-ST-	ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			4.1 TITL 4. 2 NAM 4.3 STR 4.4 CITY	.e Me Reet / Y-ST- .e	ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE			4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	E ME REET / Y-ST- LE ME	ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	E ME REET / Y-ST- LE ME	ADDRESS - ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAI 5.3 STR	E ME Y-ST- LE ME Y-ST- LE ME Y-ST-	ADDRESS - ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	4.1 TITL 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY	E ME Y-ST- LE ME EET M	ADDRESS - ZIP		☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filling 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 faceiver 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.

6.4 CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90033 037 \*\*\*150.00