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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H63669

MORE THAN VERTICALS, INCORPORATED

| Principal Place of Business | Mailing Address | | | | | |
|---|---|--|--|--|--|--|
| 15200 OLD HWY 441 TAVERES FL 32778 US | 15200 OLD HWY 441 TAVARES FL 32778 US | | | | | |
| Principal Place of Business | 2a. Mailing Address | | | | | |
| Suite, Apt. #, etc. 2 City & State | Suite, Apt. #, etc. | | | | | |
| al | City & State | | | | | |

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90125 009 ***150.00



| 5200 OLD HWY 441 15200 OLD HWY 4 AVERES FL 32778 TAVARES FL 32778 US | | 15200 OLD HWY 441 TAVARES FL 32778 | | | | DO NOT WRITE IN THIS SPACE | | | |
|--|--|---|--|---------------|----------------------|---|--------------------|------------------------------|--|
| | | | | | | 3. Date Incorporated or Qualifed | SPACE | | |
| 2. Principa | l Place of Business | | | | | 06/25/1985 | | | |
| 7 | or Eddiness | 2a. Mailing Address | | | | 4. FEI Number | | Applied For | |
| Suite, A | pt. #, etc. | 26 | | | | 59-2597440 | ┝┥ | Not Applicable | |
|] | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.7 | 5 Additional | |
| City & St | tate | City & State | | | | 5, Certificate of Status Desired | | Required | |
| <u> </u> | | 28 ———————————————————————————————————— | | | | 6. Election Campaign Financing | | 00 May Be | |
| /ID 0 | | Zip | Country | | | Trust-Fund-Contribution | Add | ed to Fees | |
| L | 25 | 29 | 30 | шин у | | 8. This corporation owes the current year Inta | angible | | |
| | Name and Address of Current | Registered Agent | 1301 | $\overline{}$ | | Personal Property Tax. | Yes | □No | |
| | | | | 81 | Name | 10. Name and Address of New Registered A | igent | | |
| | ARY, PERCELL J. | | | | | | | | |
| | I1 INDIAN TRIAL STIS FL 32726 | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| EQ. | 3113 FL 32/26 | | | 83 | | | | | |
| | | | | | | - | | | |
| | | | | 84 | City | · · · · · · · · · · · · · · · · · · · | 85 Zi | p Code | |
| Pursuan office or | t to the provisions of Sections 607.0502 | and 607.1508, Florida Statut | es, the al | L_L | -named corpor | ration submits this statement for the purpose of chi's board of directors. I hereby accept the appoint | í l | • | |
| agent. I a | am familiar with, and accept the obligation | ons of, Section 607.0505. Flo | uthorized rida Stati | by t | he corporation | pration submits this statement for the purpose of con's board of directors. I hereby accept the appoint | nanging ment as | its registered registered | |
| GNATURE | | | ······································ | 1100. | | | | 1 3 3 3 3 3 | |
| | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: | Registered | Agent | signature required y | when reinstating) DATE | | i | |
| <u>. </u> | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | DIDEO: | FODO 111 40 | |
| - 1E | LEARY, FRANCES | ☐ DELETE | 1.1 T(T | LE | | | ☐ Change | | |
| EET ADDRESS | 3111 INDIAN TRIAL | | 1.2 NAJ | ME | | · | | | |
| -ST-ZIP | EUSTIS FL | | 1.3 STF | REETA | DDRESS | | | ľ | |
| -31-2# E | VP - | | 1.4 CIT | Y-ST-2 | ZIP | | | - 1 | |
| - F | LEARY, STEPHEN | ☐ DELETE | 2.1 TITL | E | | | Change | Addition | |
| ET ADDRESS | 1111 NEW HAMPSHIRE AVE. | | 2.2 NAM | Œ | | | | , C Vegition | |
| -ST-ZIP | TAVARES FL | | 2.3 STR | EET AL | DORESS | | | ľ | |
| 31-2,1 | AVP | | 2.4 CIT | Y-ST- | ZIP | | | | |
| | LEARY, CLIFFORD | ☐ DELETE | 3.1 TITL | E | | | Change | Addition | |
| ET ADDRESS | 13 ROSEWOOD LANE | | 3.2 NAM | E | | | | | |
| ST-ZIP | TAVARES FL | | 3.3 STR | ETAD | DORESS | | | 1 | |
| J. 411 | S | | 3.4. CITY | | ZIP | | | 1 | |
| | LEARY, PERCELL J. | ☐ DELETE | 4.1 TITLE | • | | | Change | Addition | |
| ET ADDRESS | 3111 INDIAN TRAIL | | 4. 2 NAME | | ĺ | _ | | | |
| ST-ZIP | EUSTIS FL | | 4.3 STRE | ET AD | DRESS | | | 1 | |
| | | ☐ DELETE | 4.4 CITY | | Р | | | | |
| 1 | | LI DELETE | 5.1 TITLE | | | |] Change | Addition | |
| TADDRESS | | | 5.2 NAME | | | · | - | | |
| ST-ZIP | | | 5.3 STRE | | 1 | | | | |
| | | ☐ DELETE | 5.4 CITY- 6.1 TITLE | | | | | | |
| - | | TI OCTETE | | | | | Change | Addition | |
| TADDRESS | | | 6.2 NAME | | | | - | _ | |
| T- ZIP | | | 6.3 STREE | | 1 | | | | |
| | rtify that the information supplied with the | er: | 6.4 CITY-5 | ST-ZIP | ' | | | 1 | |

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 Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

3NATURE: