

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

043828

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90165 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H87190

1. Corporation Name

JOHN R. TOUCHTON, INC.

Principal Place of Business

305 AVENUE K, SE
P.O. BOX 182
WINTER HAVEN FL 33882-7182

Mailing Address

305 AVENUE K, SE
P.O. BOX 182
WINTER HAVEN FL 33882-7182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1985

4. FEI Number

59-2610315

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

21 **199 AVENUE K, SE**

Suite, Apt. #, etc.

22 City & State **WINTER HAVEN, FLA.**

23 Zip **33880** Country **USA**

24 **33880** 25 **USA**

2a. Mailing Address

26 **P.O. Box 182**

Suite, Apt. #, etc.

27 City & State **WINTER HAVEN, FLA.**

28 Zip **33882** Country **USA**

29 **33882** 30 **USA**

9. Name and Address of Current Registered Agent

TOUCHTON, JOHN R.
305 AVENUE K, SE
WINTER HAVEN 33880

10. Name and Address of New Registered Agent

81 Name

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

199 AVENUE K, SE

83

84 City

WINTER HAVEN FL.

85 Zip Code

33880

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **TOUCHTON, JOHN R.**
STREET ADDRESS **305 AVENUE K, SE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE
NAME **TOUCHTON, DEBRA A.**
STREET ADDRESS **305 AVENUE K, SE**
CITY-ST-ZIP **WINTER HAVEN 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 **199 AVENUE K, SE**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **199 AVENUE K, SE**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)