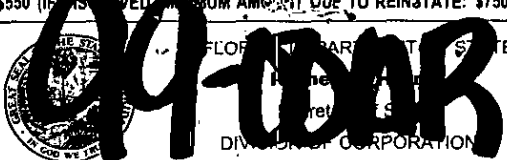


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF NOT PAID, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1

PROFIT
CORPORATION
ANNUAL REPORT



FILED

00 FEB 16 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

H87890

Connell ~~Unit 9, Inc.~~

Principal Place of Business

Mailing Address

Gainesville FLA. 32605

2941 NW 21st Avenue

Gainesville Florida 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

2941 NW 21st Ave Gainesville

26 2941 NW 21st Ave

Suite, Apt., etc.

Suite, Apt., etc.

4. FEI Number

Applied For

59-2612060

Not Applicable

5. Certificate of Status Desired

\$8.75: Additional
Fee Required

City & State

City & State

Gainesville FLA

Gainesville FLA

Zip

Country

Zip

Country

32605

USA

32605

USA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Elizabeth B. Black, PRES E.B.B.
Connell Unit 9, Inc.
2941 NW 21st Avenue
Gainesville FLA 32605

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME Elizabeth B. Black, President
STREET ADDRESS 2941 NW 21st Avenue
CITY-ST-ZIP Gainesville FLA 32605

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-24-99

Date

352-372-4069

Daytime Phone #

CR2E034 (5/99)

KE

December 26, 1999

2

To: Division of Corporations

From: Elizabeth B Black, Pres
Connell Heights Unit 9, Inc.

RE: 1999 Annual Report

~~I am requesting that you accept the my check for the annual~~
report fee that was due by Sept 15, 1999 because I never
received the renewal form from the State. I moved to
Gainesville Florida in October 1998 and the forms were mailed
to my former address at 1130 N. Crescent Dr Crystal River.
By the time the 1999 forms were mailed I was well passed
the forwarding date for the post office. I am a recent widow
and my husband always took care of these things. Please accept
the enclosed check for reinstatement. The penalty fee would
be a grave financial burden for me as I am trying to live on
a small fixed income.

Most Sincerely,
Elizabeth B Black