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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # J02168

1. Corporation Name
MUD RIVER INVESTMENTS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90218 032 ***150.00



Principal Place	e of Business .	Mailing Address				(1984) 10 A B B B B B B B B B B B B B B B B B B) #1811 818(1 81811	#)#+: #:#!: !##:	
% M.D. ANGLIN 8173 RIVERPOI WEEKI WACHEI	NT DR	% M.D. ANGLIN 8173 RIVERPOINT DR WEEK! WACHEE FL 34607				DO NOT WRITE IN TH	IS SPACE		_
						3. Date Incorporated or Qualifed 03/04/1986			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo			1
21		26	<u></u>			59-2691972	No.	ot Applicable]
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Con	ntry		8. This corporation owes the current year		_	
24	25	29	30			Personal Property Tax.	Yes	□No	4
	9. Name and Address of Curren	t Registered Agent		ļ		10. Name and Address of New Registere	d Agent		1
ANG	IN MITCHELL DALE			81	Name				
ANGLIN, MITCHELL DALE					Street Addr	ss (P.O. Box Number is Not Acceptable)			1
8173 RIVERPOINT DR									1
VVEC	KI WACHEE FL 34607			83					
				84	City		85 Zip	Code	†
				لــــــــــــــــــــــــــــــــــــــ		F			1
11. Pursuant office or n	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and acceptable obliga	2 and 607.1508, Florida Stat of Florida, Such change was tions of Section 607.0505, F	utes, the a authorized lorida Stat	bove I by utes	e-named corp the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re ∕	; registered agistered	
SIGNATURE	UX 11/1 /1					4/20	Z		ł
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	TE: Registered	Agen	t signature require	d when reinstating) DATE	'/] ;
12.		D PIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			1 !
TITLE	DP	☐ DELETE	1.1 TI	TLE	1		Change	Addition Addition	1
NAME	ANGLIN, MITCHELL DALE		1.2 N/	1.2 NAME					;
STREET ADDRESS	8173 RIVERPOINT DR	1.3 \$7		REET	ADDRESS				
CITY-ST-ZIP	WEEKI WACHEE FL		1.4 CI	TY-\$1	r-ZIP				4
TITLE	D	DELETE	2.1 73	πE	}		Change	Addition	'
NAME	MAGRILL, BENJAMIN		2.2 N	AME	ļ	•			
STREET ADDRESS	389 KISMET		2.3 \$1	REET	AODRESS				1
CITY-ST-ZIP	PAHOKEE FL		2.40	ITY-S	T-ZIP				1
TITLE	D	DELETE	- 3.1 Π	îΕ	*	والمنافضين عاربان واسترابتها	- Change	Addition	
NAME	MAGRILL, ABBE		3.2 N	AME	<u> </u>				1
STREET ADDRESS	1017 LAKE CHARLES CIR		3.3 S	REET	ADDRESS				-
CITY-ST-ZIP	LUTZ FL			ITY-S	T-ZIP				_
TITLE	D	☐ DELETE	4.1 Tī	TLE	[Change	Addition	
NAME	DAFNIS, DAVID		4. 2 N	AME			•		
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 C	TY-S1	T-ZIP				1
TITLE	D	☐ DELETE	5.1 TI		ļ		Change	Addition	
NAME	ANGLIN, PATRICIA A.		5.2 N			•			
STREET ADDRESS	8173 RIVERPOINT DR		1		ADORESS				
CITY-ST-ZIP	WEEKI WACHEE FL	_		TY-S	r-ZIP		<u>_</u> _		┧.
TITLE	- : · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 ₹7		1		☐ Change	Addition	
NAME			6.2 N		-				
STREET ADDRESS	1		6.3 \$	REET	ADDRESS				
			=						

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:

USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR