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

Mailing Address

433-76TH AVENUE

ST. PETERSBURG BEACH FL 33706

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

ST. PETERSBURG BEACH FL 33706

433-76TH AVENUE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J14270

RATCLIFFE AND HITT, ATTORNEYS AT LAW, P.A.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/14/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2689188 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes the current year Intangible ΠNo 24 30 Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HITT, F. RICHARD Street Address (P.O. Box Number is Not Acceptable) 433-76TH AVENUE ST. PETERSBURG BEACH FL 33706 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE Addition ☐ Change TITLE 1.1 TITLE HITT, F. RICHARD 2742 W VINA DEL MAR BLVD 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG BCH-FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Addition ☐ Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C/TY-ST-ZIP □ DELETE Addition Change T/D F 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTO

□ DELETE

1-26-99 (727)367-1976

☐ Change

☐ Addition

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90124 017 ***150.00

CR2E034 (11/98)