PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Garage of Contra

Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # J17155 FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90004 050 ***150.00

1. Corporatio	n Name	" J17100											
FT. WA	LTON FE	NCE, INC.											
									1 18 8 11 18 8 2 8 1 1 8 1 1 8 8 6 1 8 8 1 8 1 1 8 1 8 1	AN AND I BIBIL !	ALBIY BIRKI BIRIK IURI		
Principal Place	o of Business	<u> </u>	Mailing	Address						JII BABII BIBII I	ALBEN BURN BEBU 1881		
1001 N BEAL PARKWAY 1001 N BEAL PARKWAY													
FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 3254													
US US									DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualified	•			
									06/01/1986		_		
2. Principal P	lace of Busin	ness	2a. Mailing Address						4. FEI Number Applied For				
21			26						59-2662348		Not Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired		5 Additional		
2			27						3. Cartificate of claus search	- Fee	Required		
City & State			City & State						6. Election Campaign Financing \$5.00 May Be				
23			28						Trust Fund Contribution				
Zip		Country	Zip		Cou	ntry			8. This corporation owes the current year	П.,	NG7		
24	25		29						Intangible Personal Property. Yes X No				
	9. Name	and Address of Current	Registered	Agent			·		10. Name and Address of New Registere	d Agent			
R at a	LIBIO MAI	TED 1				81	Name						
MULLINS, WALTER J.					8			Address (P.O. Box Number is Not Acceptable)					
320 SCHNEIDER DR.							000						
FI.	WALTON E	BEACH FL 32548				83				-			
						94	0:5:			. 85 Z	Zip Code		
						84	City		F	L °° '	ip code		
11. Pursuant	t to the provis	sions of sections 607.0502	and 607.150	08. Florida Statute	s, the ab	 -9v0	-named ∞	rpora	ation submits this statement for the purpose of	changing it	s registered		
office or	registered ag	gent, or both, in the State with, and accept the obligation	of Florida. Su	uch change was a	iuthorized	d by	the corpo	ration	n's board of directors. I hereby accept the app	ointment as	s registered		
Ū		nun, and accept the obliga	MONS OI, SECI	11011 607.0303, FIC	niga Ştat	ules	.						
SIGNATURE	Signature, typed	or printed name of registered agen	and title if applica	sbie. (NC	TE: Registe	red A	gent signature	e require	ed when reinstating) DATE	-			
12.		OFFICERS AN	ID DIRECTORS 13.			3.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 12		
TITLE	PD			DELETE	1,1 717	ΠE				Chan	ige Addition		
NAME.	MULLINS	S, Walter J.			1.2 NA	ME							
STREET ADDRESS	320 SCH	ineider dr.		1.3 ST			1.3 STREET ADDRESS						
CITY-ST-ZIP		TON BCH FL			1.4 CI	ΓΥ∗SΤ	T-ZIP						
TITLE	STD			DELETE	2.1 TIT	LE		<	TD	Chang	ge Addition		
NAME		S, MARY L.		94,555.5	2.2 NA	ME	ĺ	Ke	RRY M. MUllINS				
STREET ADDRESS		INEIDER DR.		238			3 STREET ADDRESS 2		S MARSHALL		ļ		
		TON BCH FL				2.4 CITY-ST-ZIP			WAITON BEL FIN32548	,			
CITY-ST-ZIP TITLE		PRESIDENT		DELETE	3.1 TIT			1/1/	SO PROSIDONT	Chan	ige 🔀 Addition		
NAME -	Barry 1			Delete	3.2 NA			773	about thes		go Zz /taditon		
					1		ADDRESS	7À	CRIE C. MULLIAS I FERRY Rd.				
STREET ADDRESS							ADDRESS		complete Pal Ma 27 and	,			
CITY-ST-ZIP	 -				3.4 Cl ⁻ 4.1 Tl ⁻		1-ZIP	~	WAITON BEL. FIR 32541				
TITLE				DELETE			1			Chan	ige Addition		
NAME	}				4.2 NA								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP		<u> </u>			4.4 CI		r-zip						
TITLE				DELETE	5.1 TIT					Chan	ge Addition		
NAME					5.2 NA								
STREET ADDRESS					5.3 ST	REET	ADDRESS						
CITY-ST-ZIP					5.4 CI	TY-ST	r-ZIP						
TITLE				☐ DELETE	6.1 Til	LE	-			L Chang	ge Addition		
NAME					6.2 NA	ME							
STREET ADDRESS 6.						REET	ADDRESS				Ţ		
	1												

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: 2

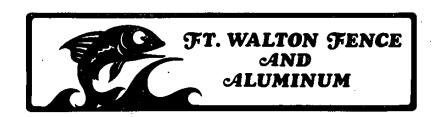
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

850-862-2127

Davtime Phone #

CKZEU34 (5/99)



1000 N. BEAL PARKWAY • FT. WALTON BEACH, FL 32547 (904) 862-2127 • FAX (904) 863-3362

The Note 15 to inform you that I then Notice of My

Nover Received A 1st Notice of My

Annual Report four Records I believe flepse check your Records I believe you will find I Neven Failed To Return A Report Since 1986

Shawhs for your Consideration of Mullanger