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

**PROFIT** CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90252 004 \*\*\*150.00

DOCUMENT	#	J	177	760	)
Corporation Name			• • •		

Principal Place	e of Business	Mailing Address							
119 KNOLLWOO		119 KNOLLWOOD WAY							
FT. WALTON BE	EACH FL 32548	FT. WALTON BEACH FL 32	2548			DO NOT WRITE	IN THIS S	PACE	
						3. Date Incorporated or Qualifed			
						06/02/1986			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
1		26		_		59-2709466		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	<u> </u>	\$8.75	-
2	<del>-</del>	27						Fee Re	<u> </u>
City & State	<del>ĉ</del>	City & State				6. Election Campaign Financing	]	\$5.00	
3		28	Count	<u> </u>		Trust Fund Contribution		Added t	o rees
Zip	Country	Zip	30	y		<ol> <li>This corporation owes the current Personal Property Tax.</li> </ol>		γgible ☑ Yes	□No
4	9. Name and Address of Curr	29 29 Agent	1301			10. Name and Address of New Reg		<u> </u>	
	5. Name and Address of Con-	ent Registered Agent	8	1	Name				
MERI	ritt, billie j.		L	_					
701 -	John Sims Pkwy		8	2	Street Addres	ss (P.O. Box Number is Not Acceptable	)		
NICE	VILLE FL 33257		8	3					
			ļ_	_				Top   7:5 (	Cada
			8	4	City		FI.	85 Zip (	Code
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	onda Statute	es.	ignature required		DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	ST	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	HOLMES, MARGARET E.	•	1.2 NAME	E	ļ				
STREET ADDRESS	119 KNOLLWOOD WAY		1.3 STRE						
CITY-ST-ZIP	FT WALTON BCH. FL		1.4 CITY		ZIP		<del>-</del>	Change	Addítio
TITLE	PD DATES O BATESON	☐ DELETE	2.1 TTLE						
NAME	HOLMES, G. PATRICK		2.2 NAME		PDDEEC				
STREET ADDRESS	119 KNOLLWOOD WAY FT. WALTON BEACH FL		2.3 STRE						
CITY-ST-ZIP	FI. WALTON BEAUTIFL	[ ] DELETE	2.4 CITY 3.1 TITLE		ZIP			Change	Addition
TITLE NAME		,	3.2 NAME						
			3.3 STRE		DDRESS				
STREET ADDRESS	,		3.4. CITY		1				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE					Change	☐ Additio
NAME		_	4. 2 NAM						
STREET ADDRESS			1		DDRESS				
CITY-ST-ZIP			4.4 CITY				_		
TITLE		☐ DELETE	5.1 TITLE					Change	Additio
			5.2 NAM	E					

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 attachase it with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY- ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

☐ DELETE

CR2E034 (11/98)

Change

☐ Addition