Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90073 046 ***150.00

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J42319

Corporation Name

Principal Place of Business

THE BUSBY COMPANY, INC.

7964 DEVOE ST JACKSONVILLE FL 32220 US		7964 DEVOE ST JACKSONVILLE FL 32220 US			DO NOT WRITE IN THIS SPACE			
_	<u></u>			•	3. Date Incorporated or Qualifed 11/17/1986			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-2737949			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	3	City & State			Election Campaign Financing Trust Fund Contribution		•	May Be ed to Fees
Zip	Country Zip Cour 25 29 30			Personal Property Tax.				
	9. Name and Address of Current	Registered Agent		_	10. Name and Address of New Reg	gistered Ag	ent_	
			8.	1 Name				
BUSBY, ELMO B JR. 7964 DEVOE ST			82	2 Street Add	ress (P.O. Box Number is Not Acceptable	e)	-	
JACK	SONVILLE FL 32220		8:	3				
			84	4 City	_ 	FI	85 Z	ip Code
SIGNATURE	n familiar with, and accept the obligati				poration submits this statement for the pu ion's board of directors. I hereby accept to ad when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P	☐ DELETE	1.1 TITLE			[Chang	ge [] Addition
NAME	BUSBY, ELMO B JR.		1.2 NAME					}
STREET ADDRESS	7964 DEVOE ST		1.3 STRE	ET ADDRESS				{
CITY-ST-ZIP	JACKSONVILLE FL 32220		1.4 CITY-		<u> </u>			To Addition
TITLE		☐ DELETE	2.1 TITLE	1		L	Chang	ge Addition
NAME			2.2 NAME	1				ļ
STREET ADDRESS			•	ET ADDRESS				
CITY-ST-ZIP		□ DELETE	2. 4 CITY- 3.1 TITLE				Chang	ge Addition
TITLE NAME			3.2 NAME			•		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		DELETE	4.1 TITLE]	Chan	ge
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STRE	ET ADDRESS				ł
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	I		l	☐ Chan	ge
NAME			5.2 NAME					
STREET ADDRESS			1	ET ADDRESS				}
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE			Г	☐ Chan	ge
TITLE			6.2 NAME			ı		a- Clyddiadii
NAME			B .	ET ADDRESS				ł
STREET ADDRESS			0.3 STRE	LIADUNCOS				

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.