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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # J76686

FRANK BARNETT & CO., INC.

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90005 035 ***150.00



Principal Plac	e of Business	Mailing Address							•
P O BOX 841		P O BOX 841							
SUITE A		SUITE A	SUITE A			DO NOT INDITE IN THE COLOR			
WILLISTON FL 32696		WILLISTON FL 326	WILLISTON FL 32696			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or 06/05/1987	Qualifed :		
2. Principal P	Place of Business	2a. Mailing Addres	ss			4. FEI Number		I A	pplied For
21		26				59-3032288		<u> </u>	lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, e	etc			33 3032200			Additional
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22		27				-			·
City & Stat	ie .	City & State				6. Election Campaign F	- 11	•	May Be
23		28				Trust Fund Contributi	on	Added	l to Fees
Zip	Country	Zip	Co	untry		8. This corporation owe:	s the current yea	ar Intangible	_ /
24	25	29	30			Personal Property Ta	x.	☐ Yes	DM 6
•	9. Name and Address of	of Current Registered Agent		I		10. Name and Address	of New Registe	red Agent	
	ï	•		81	Name				
BAR	INETT, FRANK S.								
	JNTY ROAD #316			82	Street Addr	ress (P.O. Box Number is No	t Acceptable)		£ .
	LISTON FL 32696			83		35 01 25 1 25 1 2 4 5 1 2 5 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	121 1 3 1 7 3 1 11.	200 / F/St. 15 %
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				"	Olly	,		FL " = "	
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, Florida	a Statutes, the a	bove-	named corp	oration submits this stateme	nt for the purpos	e of changing it	s registered
	egisteredungent, or both, in t	he State of Florida. Such change he obligations of, Section 607.05	e was authorize	d by th	ne corporation	on's board of directors. I here	eby accept the a	ppointment as r	egistered
office or r	ion tambian wiki jiamo accede e	ne obligations of Section 607.05							- A
office or r	CITAL		005, Florida Sta	tutes.				11-0.16	26.
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14. I hereby certify that the information supplied with this filling 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 13 if changed, of the indication in the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, of the indication of the corporation of the corporati

SIGNATURE:

IGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 352 528-2713

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