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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90014 034 ***150.00

OCUMENT # J77631

EDWARDS & PLATT, P.A.

impipal Place of Busines:	S
CHARLES L. EDWARDS	

icipal Plac	e of Business	Mailing Address		· remains don't seem (make annum iller, the miles	m #1811	
	EDWARDS	% CHARLES L. EDWARDS				
W RETIVOR		PLANT CITY FL 33566		DO NOT WRITE IN THIS	SPACE	
ÇILI FL	. 30300	FEMILI OUT LE 20200		3. Date Incorporated or Qualifed		
				06/10/1987		
Principal P	lace of Business	2a. Mailing Address	700	4. FEI Number	A	pplied For
101 i	E, MAHONEY 3		789	59-2804219		ot Applicable
Suite, Apt.	#, etc. /	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired		Additional equired
City & Stat	+ City, Fl.	City & State, City,	F1.	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	-3347 [25] Country U.S.	— → > >	Country U.S.	8. This corporation owes the current year in	tangible . X Yes	□No
773 AB	9. Name and Address of Curre	25 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7	Personal Property Tax. 10. Name and Address of New Registered		1140
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Hallie alla Macicae el Ham regliacato		
EDW	/ARDS, CHARLES L	- Mahayan St	20 0 0	(0.0.0		
306 -	REYNOLDS ST /O / /3	= . MATIONEY J.	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
PLA	NT CITY FL 33566 - 3347	Mahoney St.	83		-	
			84 City	FL	85 Zip	Code
Burewant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes th	ne above-named com	oration submits this statement for the purpose of		registered
BEG TIME	Signature, typed or printed name of registered ag		stered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
	DP		1.1 TITLE	ADDITIONAL TANGES TO OTTOCKO A	Change	Addition
	EDWARDS, CHARLES L.		1.2 NAME			
_I ADDRESS	723 RUSSELL DR	1	1.3 STREET ADDRESS			
ST-ZIP	PLANT CITY FL	1	1.4 CITY-ST-ZIP			
_	DS	☐ DELETE :	2.1 TITLE	•	Change	Addition
	PLATT, RANDELL L.	Į.	2.2 NAME			
_ I ADDRESS	1306 OAKWOOD		2.3 STREET ADDRESS	′		
ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP		☐ Change	Addition
			3.1 TITLE 3.2 NAME	•	Orlange	
- LADDOEDO			3.3 STREET ADDRESS	·		
_1 ADDRESS ST-ZIP			3.4. CITY-ST-ZIP			
<u></u>			4.1 TITLE		Change	Addition
_		1.	4. 2 NAME			
_ I ADDRESS			4.3 STREET ADDRESS		-	
ST-ZIP			4.4 CITY-ST-ZIP	· ·		
			5.1 T/TLE		☐ Change	☐ Addition
-			5.2 NAME		•	
I ANDRESS			5.3 STREET ADDRESS	•		
ST-ZIP			5.4 CITY-ST-ZIP		☐ Change	Addition
	I					I L MOONDON
	ļ		6.1 TITLE		· Change	-
LAURRESS			6.1 TITLE 8.2 NAME 6.3 STREET ADDRESS		· Change	_

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.