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

DOCUMENT.# J79891

2001 MANAGEMENT, INC.

Principal Place	e of Business	Mailing Address						
% TAMMY CLEMMONS BARDEN P O BOX 36 CYPRESS GARDENS FL 33884		% TAMMY CLEMMONS BARDEN P O BOX 36 CYPRESS GARDENS FL 33884			DO NOT WRITE IN THIS SI	PACE		
					3. Date Incorporated or Qualifed			
					06/26/1987			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21		26			59-2903897	Not	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A		
22		27			5. Certifcate of Status Desired	Fee Red	quired	
City & State		City & State			6. Election Campaign Financing			
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	<u> </u>	Country		8. This corporation owes the current year Intan			
24	25	29 30			Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent	0.4	A1	10. Name and Address of New Registered Ag	ent		
DADI	DENI TAMMY CLEMMONS		81:	Nam	16			
BARDEN, TAMMY CLEMMONS 3601 CYPRESS GARDENS RD				Stree	et Address (P.O. Box Number is Not Acceptable)			
STE								
	TER HAVEN FL 33884							
771171	TEN TIAVEN FE 33004			City	FI	85 Zip C	Code	
			!	<u> </u>	ed corporation submits this statement for the purpose of ch	onging its	registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was autho	nzed by	the cor	rporation's board of directors. I hereby accept the appointr	nent as reg	gistered	
SIGNATURE								
	Signature, typed or printed name of registered agent			ıt signatur	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DC IN 12	
12.	OFFICERS ANI	D DIRECTORS	13.			Change	Addition	
TITLE	DARBOTH TANKS OF THE ONE	□ DELE≀E	1.1 TITLE		,	Onlange	C. Addition	
NAME	BARDEN, TAMMY CLEMMONS		1.2 NAME					
STREET ADDRESS	3601 CYPRESS GARDENS RD.	1	1.3 STREET		SS			
CITY-ST-ZIP	WINTER HAVEN FL	DELETE	1.4 CITY-S	T-ZIP		Change	☐ Addition	
TITLE		_	2.1 TITLE		,			
NAME			2.2 NAME		20			
STREET ADDRESS		i i	2.3 STREET		55			
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	51-ZIP		Change	Addition	
TITLE			3.2 NAME			_	_	
NAME			3.3 STREET	r Annære	ee			
STREET ADDRESS		i i	3.4. CITY- S					
CITY-ST-ZIP TITLE			4.1 TITLE	11-21		Change	☐ Addition	
NAME		_	4. 2 NAME					
STREET ADDRESS		i	4.3 STREET	T ADDRES	ss			
CITY-ST-ZIP			4.4 CITY+S					
TITLE			5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS		•	5.3 STREE	TADDRES	ess			
CITY-ST-ZIP		j	5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: '

STREET ADDRESS

CITY-ST-ZIP

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90013 015 ***150.00