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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # J83177

1. Corporation Name

DACKSNEVILLe Saturn, Le.

Principal Place of Business

Mailing Address

4306 Pablo Oses Court Facksmoille, Florida 32224

P.O. Box 16469 freksmille, Fl

FILED Mar 11, 1999 8:00 am **Secretary of State**

03-11-1999 90119 035 ***150.00

DO NOT WRITE IN THIS SPACE

		•	3224	3. Date incorporated of edulined			
				אודו 1/17			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Apr	plied For	
21 5	n of The Avenues	26 Scorum of	The Avenu	59-3027181	Not	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional	
22 10863	2 Phillips Huy.	27 10863 Phi	lips Hu	5 Certificate of Status Desired	Fee Red	quired	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	May Be	
23 Jacksonville, Florida 28 Jacksonville, Florid				Trust Fund Contribution	Added to	o Fees	
Zip	Čountry	Zip	Country	8. This corporation owes the current year			
24 327	256 25 USH	29 32256 36	o USA	Personal Property Tax.		□ No ·	
9. Name and Address of Current Registered Agent 81 Name				10. Name and Address of New Registered Agent			
81				- On Anals . Sunface			
Luther Coggin				82 Street Address (P.O. Box Number is Not Acceptable)			
4306 Pablo Oaks Court				00 South Pine Island	Doad		
1	Anker will Floris	100	83		,		
_	Acksnesille, Floria	~~322Z¥	84 City		. 85 Zip C	Code	
			Plan	Hestron. F	L 33	324	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes		corporation submits this statement for the purpose	of changing its	registered	
office or a	registered agent, or both, in the State of am familiar with, and accept the ch ligation	riorida, Sucri change was autr ags of, ≨Section 607.0505, Florid	a StatutARY R.	pration's board of directors. I hereby accept the app	onunen as reg	JISTOT CO	
SIGNATURE		1dama	AT2122A	NT SECRETARY 2/21	५ ९		
GIGITATIONE	Signature, typed or printed name of constered agent a		egistered Agent signature re	equired when reinstating) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS			
TITLE	Coggin, Luther	J. Press, DELETE	1.1 TITLE	President	Change	☐ Addition	
NAME	4306 Pablo Oak	s Court	12 NAME	Pounds David			
STREET ADDRESS	I Trousmusille, Fl	rida,	1.3 STREET ADDRESS	10863 Phillips Hwy	• _		
CITY-ST-ZIP		32224	1.4 CITY-ST-ZIP	Inclosurilly, Fl 32250	<i>9</i>	CT 4 4 86	
TITLE	Tomm, Charlie 4306 Pablo Cou	, DELETE	2.1 TITLE	Vice President	💢 Change	Addition	
NAME	4306 Pablo Cou	ret .	2.2 NAME	Oricin, Steve			
STREET ADDRESS	nelsousille, to	anda	2.3 STREET ADDRESS	100 Saturn Pewil.	<i>[</i>		
CITY-ST-ZIP)	32224	2.4 CITY-ST-ZIP	Spring Hill TN 3717	<u> </u>		
TITLE	Mailette, hinda	-Tres. X DELETE	31 TITLE	Vice President	Change	☐ Addition	
NAME	4306 Pablo Cae	ut	3.2 NAME	Corner, James L.			
STREET ADDRESS		r (s.l.).	3 3 STREET ADDRESS	100 Scotum PRWAY	,		
CITY-ST-ZIP	-		3.4. CITY-ST-ZIP	Spring Hill, TN 37179	<u> </u>		
TITLE	Noble, Noney F	DELETE X	41 TITLE	Secretary/Treasurer	Change	Addition	
NAME	4306 Pablo Cou		4 2 NAME	Brown, Heaten b.			
STREET ADDRESS			4.3 STREET ADDRESS	100 Saturn Plany			
CITY-ST-ZIP	Jackson: lle, F	maa	4.4 CITY-ST-ZIP	Spring Hill, TN 371			
TITLE		☐ ĐELETE	5.1 TITLE	[Change	☐ Addition	

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 of 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

(904) 262-7145

Change

☐ Addition