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**

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90106 034 ***150.00

DOCUMENT # J93022

HELEN HASTY, INC.

						AN BAN BIRILA		
Principal Place	of Business	Mailing Address		1.55	•			
1159 S. FIRST		P.O. BOX 877						
WINTER HAVEN FL 33880 WINTER HAVEN FL 33882-067			I		DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed			l
1511	6- St. S.E.				09/15/1987			ı
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		plied For		
21		26		59-2849885		t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re			
22		City & State		O. S. V. O. verice Sinemains				
City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to			
23 1/1/7	ERHAVEN, 7LI	Zip Country		This corporation owes the current year Int.			1	
24 33388		29 30			Personal Property Tax.		□No	
20000	9. Name and Address of Current				10. Name and Address of New Registered	Agent		
				Name			ļ	
HASTY, HELEN				Street Addr	ress (P.O. Box Number is Not Acceptable)			İ
1159 S. FIRST STREET WINTER HAVEN FL 33880								
AAIIA		83						
	•		84	City	FL	85 Zip C	ode	
-11- Dumus-t	to the annitation of Scotions 607 0502	and 607 1508 Florida Statutes th	e above	-named corn		changing its	registered	1
office or n	egistered agent, or beth, in the State of	Florida. Such change was author	ized by	the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as re	jistered	
1 ;	m familiar kith, and accept the obligation	onsiot, Section 607.0505, Florida 8	statutes	-	3/1/	66		
SIGNATURE	Signature type or primed name of rigistered agent	and title if applicable. (NOTE: Regis	tered Agen	t signature require	ed when reinstating) . DATE	7/-		<u></u>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN			١
TITLE	PSD	☐ DELETE	1.1 TITLE			Dehange	☐ Addition	1
NAME	HASTY, HELEN	1	1.2 NAME		•			9
STREET ADDRESS	1159 S. FIRST STREET	•	I.3 STREET	TADORESS	:			}
CITY-ST-ZIP	WINTER HAVEN FL 33880		1.4 CITY-ST-ZIP			□ Change	Addition	. 5
TITLE			2.1 TITLE			☐ change		
NAME ,			2.2 NAME					
STREET ADDRESS		3	2.3 STREET ADDRESS 2.4 CITY- ST-ZIP					
CITY-ST-ZIP			2. 4 CHY-S 3.1 TITLE	51-ZIP		["] Change	☐ Addition	1
TITLE	•		3.2 NAME		•			
NAME STREET ADDRESS	• •	•	3.3 STREET ADDRESS					
		•	3.4. CITY-S	- 1				
CITY-ST-ZIP			4.1 TITLE			Change	☐ Addition	1
NAME	į.		4. 2 NAME					
STREET ADDRESS		•		TADORESS	·			•
CITY-ST-ZIP	•		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 πLE			☐ Change	Addition	Ì
NAME			5.2 NAME		•		ļ	-
STREET ADDRESS				TADORESS	the second of th		·	<u> </u> :
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	-	F10	Addition-	-
TITLE		<u> </u>	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME	* ********			ļ	
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				,	1
CITY- ST. 7ID	l ·		6.4 CITY-5	1-ZIP			l.	1

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 supplier enal annual report is frue 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 feceiver or trystella enpowered 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 or the attachment withen andress, with another like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR