

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**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90005 032 \*\*\*150.00

DOCUMENT # K08509 ✓

1. Corporation Name

FLORIDA FLEXIBLES, INC.

Principal Place of Business

Mailing Address

c/o Lawrence R. Patterson  
3010 Third Street South #A  
Jacksonville, FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1987

2. Principal Place of Business

3105 N.W. 25 Avenue

2a. Mailing Address

26 3105 N.W. 25 Avenue

4. FEI Number

65-0029620

Applied For

Not Applicable

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Pompano Beach, FL

28 Pompano Beach, FL

Zip Country

29 33069 30 USA

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Patterson, Lawrence R.  
3010 Third Street South #A  
Jacksonville, FL 32250

81 Name  
Billington, Barry P.

82 Street Address (P.O. Box Number is Not Acceptable)  
2335 E. Atlantic Blvd., Suite 301

83

84 City  
Pompano Beach

FL

85 Zip Code  
33062

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Barry P. Billington

4-15-99

DATE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME Houggy, Dennis  
STREET ADDRESS 3681 N.W. Fourth Court  
CITY-ST-ZIP Boca Raton, FL 33431

1.1 TITLE D  
1.2 NAME Webb, James A.  
1.3 STREET ADDRESS 7096 Willowick Drive  
1.4 CITY-ST-ZIP Brentwood, TN 37027

TITLE DP  
NAME Houggy, Jean F.  
STREET ADDRESS 3681 N.W. Fourth Court  
CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE S  
2.2 NAME Webb, Mary Nell  
2.3 STREET ADDRESS 7096 Willowick Drive  
2.4 CITY-ST-ZIP Brentwood, TN 37027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE P  
3.2 NAME Harrison, Steve  
3.3 STREET ADDRESS 1720 New Topside Road  
3.4 CITY-ST-ZIP Louisville, TN 37777

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

James A. Webb

21/17/99

(615) 370-0804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)