FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90272 026 \*\*\*150.00

## 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 # K17599

<ul> <li>Corporation</li> </ul>	LAN ENTERPRISES OF VO		COUNTY INC.					<b>   </b>			
Principal Place	of Business	Ma	iling Address				-{ 	JIEH I	#1.#11 #		31 41311 1441
% GEORGE M HENRY, III % GOERGE M HENF			OERGE M HENRY, III								
PO BOX 6559 PO BOX 6559						DO NOT WRITE IN THIS SPACE					
DAYTONA FL 32122 DAYTONA FL 32122			TONA FL 32122				3. Date Incorporated or Qualified				
US		US					03/09/19 <u>88</u>				ļ
2 Dringing D	lace of Business	2a.	Mailing Address				4. FEI Number		Т	App	lied For
_	ace of Business	26	Maining / Idahoos				59-2878367				Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					!	\$8.7	75 Ac	ditional
22			27				5. Certifcate of Status Desired		Fe	e Req	uired
City & State	9		City & State		<u> </u>		6=Election:Campaign:Financing		-\$5	. <del>00-</del> +	fay Be
23		28					Trust Fund Contribution		Add	ded to	Fees
Zip	Country		Zip	Country	,		8. This corporation owes the current year Ir			_	_
24	25	29	3	0			Personal Property Tax.		Yes	0	₹No
	9. Name and Address of Curre	ent Regist	ered Agent				10. Name and Address of New Registered	Ag	ent		
				81	N	lame					
HENRY, GEORGE M III 298 MILITARY BLVD				82	s	treet Addre	dress (P.O. Box Number is Not Acceptable)				
ORM	OND BEACH FL 32174			83							-
				84	С	ity		$\Box$	85	Zip Co	ode
	•		_			•	pration submits this statement for the purpose on so board of directorsI hereby accept the appoint	<u>.                                    </u>			
agent. I a	m familiar with, and accept the oblig	gations of,	Section 607.0505, Florid	legistered Ager	•		when reinstating) DATE				
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS A				Addition
TITLE	D		☐ DELETE	1.1 TITLE				L	] Cha	inge	
NAME	HENRY, GEORGE M III			1.2 NAME							
STREET ADDRESS	298 MILITARY BLVD.			1.3 STREET							J
CITY-ST-ZIP	ORMOND BEACH FL			1,4 CITY-S	T-ZiF	<u> </u>			] Cha		Addition
TITLE			☐ DELETE	2.1 TITLE				_	7016	iiigo	
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREE		1					
CITY-ST-ZIP				2.4 CITY-5	st-Zi	P		Г	□ Cha	ande	Addition
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NAME				1	TADE	npecc	•				l
STREET ADDRESS			,	3.3 STREET							
CITY-ST-ZIP			DELETE	4.1 TITLE	51-21	-			] Cha	ange	Addition
TITLE			_ 500010	4.1 MAME				-	-	-	
NAME expect appropries				4.3 STREE		DRESS					ļ
STREET ADDRESS				4.4 CITY-S		1					ł
CITY-ST-ZIP			☐ DELETE	5.1 TITLE		-			Cha	ange	☐ Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	T ADI	DRESS					į
CITY-ST-ZIP				5.4 CITY-S	T-ZI	P					. <u></u> j
TITLE			☐ DELETE	6.1 TITLE					Cha	ange	☐ Addition
NAME				6.2 NAME							
STREET ADDRESS	1			6.3 STREE	TAD	DRESS					l

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.

6.4 CITY-ST-ZIP

SIGNATURE:

904-677-5596