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 # K31853

1. Corporation Name

	\mathbf{F}	ILED)	
Mar	14,	1999	8:00	am
			State	
		·		

03-14-1999 90035 013 ***150.00

SEISE	ORPORATION	•				1 124 PRIS 100 1110 1120 1213 0110 111 510 11	. 	AFRIL KIZII KRUL
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Principal Place	of Business	Mailing Address				. I (Båldil) ann riser ringt lernt brien rise start ar	### #### #############################	#
% DONALD W.	ESTES	% DONALD W. ESTES					n	
17 MADEIRA CT		17 MADEIRA CT				DO NOT WRITE IN THIS	SDACE	•
PALM COAST FL 32137 PALM COAST FL 32137						3. Date Incorporated or Qualified	SPACE.	
US		US				08/26/1988		
2 Principal DI	ace of Business	2a. Mailing Address			-	4. FEI Number	TA	pplied For
`	ace or business	26				51-5264219	 	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						Additional
22	,	27				5. Certifcate of Status Desired	Fee R	equired
City & State	?	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	-	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Int	angible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name		,	
	S, DONALD W.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	. •	
	ADEIRA CT							
PALM	COAST FL 32137			83			14	
			-	84	City		85 Zip	Code
					-	<u> </u>	.	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	ites, the al	ove-	named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its	s registered
office or re agent. I a	egistered agent, or both, in the S m familiar with, and accept the of	date of Florida. Such change was oligations of, Section 607.0505, Fl	orida Statu	ites.	ie corporatio	on's board of directors. Thereby accept the appoin	MINCH US IV	- giotoroa
SIGNATURE		-						·
SIGNATURE	Signature, typed or printed name of registere		E: Registered	Agent	signature require	od when reinstating) DATE		
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	
TITLE	DP	☐ DELETE	1.1 TIT					
NAME	ESTES, DONALD W.		1.2 NA					j
STREET ADDRESS	17 MADEIRA CT				ADDRESS	•		Ì
CITY-ST-ZIP	PALM COAST FL			IY-ST-	ZIP		Change	Addition
TITLE	1	DELETE	2.1 TIT				[] Onlange	
NAME	ESTES, ARLENE		2.2 NA					
STREET ADDRESS	17 MADEIRA CT				ADORESS			
CITY-ST-ZIP	PALM COAST FL	☐ DELETE		TY-ST-	- ŽIP		☐ Change	Addition
TITLE		[1] nereie	3.1 TIT				La Grange	
NAME			3.2 NA		nnoree			-
STREET ADDRESS					ADDRESS			İ
CITY-ST-ZIP		DELETE	3.4 CI 4.1 TIT	TY-ST-	-217		☐ Change	Addition
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NAME			4. 2 N/		ADDOESS			ļ
STREET ADDRESS			- 1		ADDRESS			į
CITY-ST-ZIP		☐ DELETE	4.4 CI 5.1 TIT	TY-ST-	217		Change	Addition
TITLE		La occur	5.1 NA					
NAME			1		ADDRESS			ļ
STREET ADDRESS			1	TY-ST-				į
CITY-ST-ZIP		☐ DELETE	6.1 TIT		-		Change	Addition
NAME			6 2 NA				_ •	_
Ì					ADDRESS			
STREET ADDRESS				TY-ST-				
CITY-ST-ZIP			0.4 (1)	.,	I			

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:

TED NAME OF SIGNING OFFICER OR DIRECTOR

904.446-5559 Daytime Phone #