### 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 # K54638

## FIRST DRIMBA LAND HOLDING CORPORATION

Principal Place of Business	Mailing Address		
11559 SW 70TH CT . OCALA FL 34476	11559 SW 70TH ( OCALA FL 34476		
IIS	US		

# FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90025 008 \*\*\*150.00



11559 SW 70TH OCALA FL 3447		11559 SW 70TH CT OCALA FL 34476 US			DO NOT WRITE IN THIS SPACE		
US		03			3. Date Incorporated or Qualifed 12/27/1988		
2. Principal Pl	ace of Business	2a. Mailing Address				ied For	
21		26		• .•	TIOT / II LIO/IDEL	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Ad		
22		27			5. Certificate of Status Desired  Fee Requ	uired	
City & State	•	City & State	~	_	6. Election Campaign Financing \$5.00 N	lay Be	
23	4	28			Trust Fund Contribution Added to	Fees	
Zip	Country	Zip	Country	'	8. This corporation owes the current year Intangible		
24	25	29 30	0		T COUNTY TO	ZNo	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered Agent		
		-	81	Name			
	iba, alex		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1155	9 SW 70TH CT		02	Street Addit	ess (1 .O. Dox Humber is Not Nosephano)		
OCA	LA FL 34476		83				
						- <del></del>	
		)	84	City	FL 85 Zip Co	de	
11. Pursuant office or nagerit. I a	the provisions of Sections 607.050 begistered agent or toth, in the State or familial with the decept the obligations are sections.	2 and 607.1508, Florida Statutes of Florida Such change was auth tions of Section 607.0505, Florid	, the above norized by a Statutes	e-named corporation	oration submits this statement for the purpose of changing its ron's board of directors. I hereby accept the appointment as region.	gistered stered	
SIGNATORE	Signature speed or printed name of registered age	nt and title if applicable.	gistered Ager	nt signature required			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	DRIMBA, ALEX		1.2 NAME				
STREET ADDRESS	11559 SW 70TH CT.		1.3 STREE	TADDRESS		J	
CITY-ST-ZIP	OCALA FL		1.4 CITY-S	IT-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change	Addition	
NAME	DRIMBA, NORMA		2.2 NAME				
STREET ADDRESS	11559 SW 70TH CT.	* * * * * * * * * * * * * * * * * * * *	2.3 STREE	TADORESS	the second of the second of the second		
CITY-ST-ZIP	OCALA FL		2. 4 CITY-5	ST-ZIP			
TITLE	CONDITIE	☐ DELETE	3.1 TITLE		. Change	Addition	
NAME			3.2 NAME			ļ	
J			ī	TADORESS		ľ	
STREET ADDRESS	·		3.4. CITY-S	1			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	51-ZIF	□Change	Addition	
TITLE					_ ,	_	
NAME			4. 2 NAME				
STREET ADDRESS	·			T ADDRESS			
CITY-ST-ZIP		C DELETE	4.4 CITY-S	ST-ZIP	Change	Addition	
TITLE		☐ DELETÉ	5.1 TITLE		; — Change		
NAME			5.2 NAME		•		
STREET ADDRESS	· 🔍			TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP		Time Actions	
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STREE	T ADDRESS	,		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this iting 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 supplied ental 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 officer or director of the co Block 12 or Block 13 light

6.4 CITY-ST-ZIP