## 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 # K65853**

1. Corporation Name

PROLAND GROUP, INC.

, , , , ,								
Principal Place	of Business	Mailing Address				I (	31811 81811 81811	
24053 CORTEZ BLVD 24053 CORTEZ BLVD								
BROOKSVILLE FL 34601 BROOKSVILLE FL 34601							<b></b>	
US US						DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualifed		
					_	02/09/1989		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	L A	Applied For
21		26				59-2934925	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22						5. Certificate of Status Desired	Fee R	Required
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year in	tąngible	
24	25 29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr					10. Name and Address of New Registered Agent		
<del></del>				81	Name			ĺ
BICK	iel, terry g.					(DO D. Att. to Not Accordable)		
24053 CORTEZ BLVD				82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
BROOKSVILLE FL 34601				83		<u> </u>		
•				-				
				84	City		85 Zip	Code
				L_	L	oration submits this statement for the purpose o	f changing it	ts registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, Fl	authorized orida Stati	l by utes	the corporatio	on's board of directors. I neterby accept the appo	intment as r	egistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				Agen	nt signature required		NO DIRECT	CODE IN 12
12.			13.			ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	D DELETE 1.		1,1 TI	1,1 TITLE			☐ Change	, LI Addition
NAME	MAWHORTER, EDWARD E. 1.		1.2 N/	1.2 NAME				i
STREET ADDRESS	24053 CORTEZ BLVD		1.3 5		TADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 1		14 CI	14 CITY-ST-ZIP				
TITLE				ΠLE			Change	Addition
NAME (	BICKEL, TERRY G.		2.2 N	2.2 NAME				ſ
STREET ADDRESS	CAREA CONTEX BLVD			2.3 STREET ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL		2 4 0	2. 4 CITY-ST-ZIP				
TITLE				3.1 TITLE			☐ Change	Addition
1				3.2 NAME				1
NAME					TADORESS			
STREET ADDRESS	\$5			3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP 4.1 TITLE			Change	e [] Addition
TITLE		□ perete	4,1 TILE 4,2 NAME		Ì		- ه	
NAME								1
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP					T- ZIP		- Che	
TITLE		☐ DELETE	5.1 Ti		1		☐ Change	e 🔲 Addition
NAME			5.2 N					
STREET ADDRESS			5.3 S	REE	TADORESS			
CITY-ST-7IP			5.4 C	TY-S	T-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

President

May 05, 1999 8:00 am Secretary of State

05-05-1999 90233 040 \*\*\*150.00

☐ Change

☐ Addition

CR2E034 (11/98)