## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90017 006 \*\*\*150.00

| Principal F  | KING ROAD, P.O. BOX 295  | Mailing Address P.O. BOX 295 CRESTVIEW FL 32536 US  |  | DO NOT WRITE IN T   |               |                               |
|--|--|---|--|---|---------------|-------------------------------|
| 2 0:   |  |   |  | 3. Date Incorporated or Qualifed 04/01/1989   |               | <del></del>                   |
| 21   | al Place of Business   | 2a. Mailing Address   |  | 4. FEI Number   | <del> ,</del> | <u> </u>                      |
| <del></del>  | φt. #, etc.  | 26  |  | 59-2944353  | F             | Applied For<br>Not Applicable |
| 22   |  | Suite, Apt. #, etc.   |  | 5.0   |               | Additional                    |
| City & S   | State  | City & State  |  | Certificate of Status Desired   |               | Required                      |
| 23   | _  | 28  |  | 6. Election Campaign Financing  | \$5.0         | <b>0</b> мау Ве               |
| Zip  | Country  | Zip   | Country  | Trust Fund Contribution   | Adde          | d to Fees                     |
| 24   | 25   | 29  | 30   | 8. This corporation owes the current year   | Intangible    |                               |
| <u> </u>   | 9. Name and Address of Currer  | nt Registered Agent   | 1301   | Personal Property Tax.  10. Name and Address of New Registere   | ☐ Yes         | □No                           |
|  | nt to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obligat   | 2 and 607.1508, Florida Statt<br>of Florida, Such change was<br>tions of, Section 607.0505, F | 83 84 City  utes, the above-named column authorized by the corpora lorida Statutes   | rporation submits this statement for the purpose of tion's board of directors. I hereby accept the apport | 85 Zip        | Code<br>s registered          |
| SIGNATURE  | Signature, typed or printed name of registered agent   | <u></u>   |  |   |               | 29.010/00                     |
| 12.  | OFFICERS AN  | D DIRECTORS (NOT  | E: Registered Agent signature requi  | ired when reinstating) DATE   | <del></del>   | ——                            |
| TITLE  | P  | ☐ DELETE  | 1.1 TITLE  | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTO    | ORS IN 12                     |
| NAME   | MACK, GEORGE B.  | -   | 1.2 NAME   | •   | Change        | Addition                      |
| STREET ADDRESS   | TO THE BUSINESS OF THE STATE OF |   | 1.3 STREET ADDRESS   |   |               |                               |
| CITY-ST-ZIP  | CRESTVIEW FL   |   | 1.4 CITY-ST-ZIP  |   |               |                               |
| TITLE  | V  | [] DELETE   | 21 TITLE   |   |               |                               |
| NAME   | MACK, GEORGE ALAN  |   | 2.2 NAME   |   | Change        | ☐ Addition                    |
| STREET ADDRESS   | TOOL OLIGHTE WIT.  |   | 2.3 STREET ADDRESS   |   |               | Í                             |
|  | CRESTVIEW FL   |   |  |   |               | ľ                             |
| CITY-ST-ZIP  |  |   | 2.4 CITY-ST-ZIP  |   |               | 1                             |
| TITLE  | S MACK FOOIE : OLL   | ☐ DELETE  | 2.4 CITY-ST-ZIP  |   | Channe        |                               |
| TITLE  | MACK, ESSIE LOU  | ☐ DELETE  | 3.1 TITLE  |   | Change        | ☐ Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS  | MACK, ESSIE LOU<br>2952 SHOLTZ AVE   | ☐ DELETE  |  |   | ☐ Change      | Addition                      |
| TITLE  | MACK, ESSIE LOU  |   | 3.1 TITLE 3.2 NAME   |   | Change        | Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MACK, ESSIE LOU<br>2952 SHOLTZ AVE.<br>CRESTVIEW FL  | ☐ DELETE  | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS  |   | <u>.</u>      |                               |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE   | MACK, ESSIE LOU<br>2952 SHOLTZ AVE.<br>CRESTVIEW FL<br>T<br>MACK, LARRIS L.  |   | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE 4. 2 NAME  |   | Change        | Addition Addition             |
| NAME<br>STREET ADDRESS<br>DITY-ST-ZIP<br>TILE<br>AME   | MACK, ESSIE LOU<br>2952 SHOLTZ AVE.<br>CRESTVIEW FL<br>T<br>MACK, LARRIS L.<br>457 1/2 BRACKIN ST.   |   | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE  |   | <u>.</u>      |                               |
| TITLE  VAME  STREET ADDRESS  DITY-ST-ZIP  TILE  AME  TREET ADDRESS   | MACK, ESSIE LOU<br>2952 SHOLTZ AVE.<br>CRESTVIEW FL<br>T<br>MACK, LARRIS L.  | ☐ DELETE  | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP   |   | <u>.</u>      |                               |
| TITLE VAME STREET ADDRESS SITY-ST-ZIP TITLE AME TREET ADDRESS ITY-ST-ZIP TLE   | MACK, ESSIE LOU<br>2952 SHOLTZ AVE.<br>CRESTVIEW FL<br>T<br>MACK, LARRIS L.<br>457 1/2 BRACKIN ST.   |   | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE   |   | <u>.</u>      |                               |
| NAME STREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS   | MACK, ESSIE LOU<br>2952 SHOLTZ AVE.<br>CRESTVIEW FL<br>T<br>MACK, LARRIS L.<br>457 1/2 BRACKIN ST.   | ☐ DELETE  | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME                                |   | ☐ Change      | Addition                      |
| NAME STREET ADDRESS STREET ADDRESS STY-ST-ZIP TILE AME TITLE | MACK, ESSIE LOU<br>2952 SHOLTZ AVE.<br>CRESTVIEW FL<br>T<br>MACK, LARRIS L.<br>457 1/2 BRACKIN ST.   | ☐ DELETE  | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS                 |   | ☐ Change      | Addition                      |
| NAME STREET ADDRESS DITY-ST-ZIP TILE AME TREET ADDRESS DITY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP   | MACK, ESSIE LOU<br>2952 SHOLTZ AVE.<br>CRESTVIEW FL<br>T<br>MACK, LARRIS L.<br>457 1/2 BRACKIN ST.   | ☐ DELETE  | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME                                |   | ☐ Change      | Addition                      |
| NAME STREET ADDRESS STREET ADDRESS STY-ST-ZIP TILE AME TITLE | MACK, ESSIE LOU<br>2952 SHOLTZ AVE.<br>CRESTVIEW FL<br>T<br>MACK, LARRIS L.<br>457 1/2 BRACKIN ST.   | ☐ DELETE  | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |   | ☐ Change      | Addition                      |

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 and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS