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PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name K79782

WHATLE	ey equipmen t repairs, in	C.						
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` ,	ce of Business	Mailing Address						
3409 CARSON ROAD P.O. BOX 1126								
IMMOKALEE FL 34142 IMMOKA US US US		IMMOKALLE FL 34143			DO NOT WRITE IN THIS SPACE			
		00			3. Date Incorporated or Qualifed			
	2		•		04/10/1989			
2. Principal Place of Business 2a. Maili		2a. Mailing Address	ı. Mailing Address		4. FEI Number		Appli	ed For
21		26			65-0115898		Not A	pplicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Add	
22	-	27			V. Control of Status Book of		Fee Requ	ired
City & Stat	te	City & State			6. Election Campaign Financing	. in	\$5.00 M	
23	<u> </u>	28	0		Trust Fund Contribution		Added to I	ees
Zip .	Country	Zip	Country		8. This corporation owes the cur]No
24	9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New		1	INO
	9. Name and Address of Current	Kedizielen Walli	81	Name	10. Name and Address of New	vedistelen vå	ent	
WHA	ATLEY, WILLIE B.				•			
3109	9 CARSON ROAD	<i>!</i> `.	82	Street Addres	ss (P.O. Box Number is Not Accept	able)		1
IMM	OKALEE FL FL 34142	•	83			司基础		
	• •		84	City	 (ないが) (株別) (株別 (大 で) (株別 ()) () かい () () () () () () () () () (2 A 187 SEC 81 A 1	85 Zip Co	de: ****
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute f Florida. Such change was au	s, the above- uthorized by th	named corpor	ation submits this statement for the	purpose of cha pt the appointm	anging its reg ent as regis	gistered tered
11. Pursuant office or r 33 agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was au ons of, Section 607.0505, Flori	es, the above- uthorized by the ida Statutes.	named corpor ne corporation	ation submits this statement for the 's board of directors. I hereby acce	purpose of char pt the appointm	anging its regis	gistered tered
71. Pursuant office or r 68 agent. I a	C.				•		anging its regis	gistered tered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent s	named corporation	rhen reinstating) المراجة المالية (rhen reinstating)	DATE		
,	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:			ADDITIONS/CHANGES TO OF	DATE FICERS AND I		
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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.

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90005 024 ***150.00

941-657-3383

Daytime Phone #