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 # K81861

1. Corporation Name

D & K HADDVILLICG INC

rann	II DHAOLICS, INC.							
Principal Plac	e of Business	Mailing Address				i iffititit das inter tran i fire friet iner nier.		11811 616 11 1881
C/O ALICE KAY PETERSON PO BOX 15450								,
16090 AVIATION LOOP DRIVE BROOKSVILLE FL 34609-0118								
BROOKSVILLE FL 34609 US						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 04/20/1989		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	plied For
21	26				59-2944018		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	
22 23	[27]	<u> </u>				Fee Re	<u> </u>	
City & Stat	te	City & State				6. Election Campaign Financing	-	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year In	tangible Mayes	□No
24	25	29	30	r		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
PET	ERSON, ALICE KAY			""	Henrie	<u> </u>		
16090 AVIATION LOOP DRIVE				82	Street Ad	ldress (P.O. Box Number is Not Acceptable)		
	OCKSVILLE FL 34609					<u></u>		
O NO	JONOVIELE 1 E 04003			83				
				84	City		85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						<u>Fl</u>		
SIGNATURE	am familiar with, and accept the obligat	t and title if applicable. (NOTE	: Registered			olired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		DC IN 42
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	DP DETERMINE	☐ DELETE	1.1 TT				□ onango	
NAME	PETERSON, BERT		1.2 N/					
STREET ADDRESS			1.3 \$1	REET	ADDRESS			'
CITY-ST-ZIP	BROOKSVILLE FL		_	TY-ST	Γ-ZiP		Change	Addition
TITLE	DST			2.1 TITLE			□ Change	Addition
NAME	PETERSON, ALICE KAY		2.2 N					
STREET ADDRESS	1				ADDRESS	. ••		
CITY-ST-ZIP	BROOKSVILLE FL		_		T-ZIP		Change	ET Addition
TITLE	1	DELETE	3.1 TI				Change	Addition
NAME			3.2 N					
STREET ADDRESS			3.3 \$7	REET	ADDRESS			
CITY-ST-ZIP			_		T-ZIP	·		
TITLE		☐ DELETE	4.1 Ti				Change	Addition
NAME			4. 2 N					
STREET ADDRESS	\$		4.3 ST	TREET	ADDRESS			
CITY-ST-ZIP			_	TY-51	T-ZIP			
TITLE]	☐ DELETE	5.1 TI		J		Change	☐ Addition
NAME			5.2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			_	TY-\$1	T-ZIP			
TITLE	•	☐ DELETE	6.1 TI				☐ Change	Addition Addition
NAME	1		6.2 N		1			
CYDEET ADDRESS	,		6.3 S	TREET	TADDRESS			

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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

(352) 799 - 5914

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90141 023 ***150.00