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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90114 047 \*\*\*150.00

DOCL	<b>JMENT</b>	# 1/9	1022
		"NO	1332

Principal Place		Mailing Address C/O KEN LARAMORE						
	925 WYNN ST/P O BOX 148 2925 WYNN ST/P O BOX 148		18			DO NOT WRITE IN THE	SPACE	
IARIANNA FL 32446 MARIANNA FL 32446					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						04/20/1989 4. FEI Number		Applied For
2. Principal P	lace of Business	2a. Mailing Address				59-2953273	<u> </u>	Not Applicable
21		Suite, Apt. #, etc.				_		5 Additional
Suite, Apt.	#, etc.	<u> </u>				5. Certifcate of Status Desired		Required
22		City & State				6. Election Campaign Financing	\$5.0	0 May Be
City & Stat	,e	<b>⊢</b> ′				Trust Fund Contribution	•	ed to Fees
23 Zin	Country	28	Cour	ntry	4	8. This corporation owes the current year to	ntangible	
Zip		29	30	•		Personal Property Tax.	Yes	□No_
24	9. Name and Address of Cu		<del>                                     </del>			10. Name and Address of New Registere	d Agent	
	9. Name and Address of Oc			81	Name			
LARA	More, Ken		- 1		Ct	ss (P.O. Box Number is Not Acceptable)		
	WYNN ST			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	ANNA FL 32446		ļ	83	***			
			1				85 Z	ip Code
				84	City	F	L  °°  ′	ip Code
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered	nd agent and title if applicable. (NOTE S AND DIRECTORS DELETE	13. 1.1 TIT	TLE	t signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
NAME	LARAMORE, KEN		1.2 NA	ME				
STREET ADDRESS	2925 WYNN ST		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	Marianna Fl		1.4 CF		r-ZIP		[] Chan	nge
TITLE	D	☐ DELETE	2,1 π					<b>3</b> 5
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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)(). Florida Statutes. Inditire a state of the control 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE!

MSUCA OF SENTING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

more of

Davime Phone #