

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

0377078

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

APR 29 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1989

4. FEI Number
59-2239211

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

Principal Place of Business

2408 PEMBERTON CR. DR.
SEFFNER FL 33584
US

Mailing Address

20628 HELEN CT
LUTZ FL 33549-5130
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GINN, EDWINA J.
2508 PEMBERTON CREEK DRIVE
SEFFNER FL 33584

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signatures typed or printed name of registered agent or director (if applicable)

12. Registered Agent signature required when changing

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DELETE
NAME	GINN, CLARENCE N., JR.	
STREET ADDRESS	2508 PEMBERTON CREEK DR.	
CITY-STATE-ZIP	SEFFNER FL	
TITLE	DST	[] DELETE
NAME	GINN, EDWINA J.	
STREET ADDRESS	2508 PEMBERTON CREEK DR.	
CITY-STATE-ZIP	SEFFNER FL	
TITLE	VP	[] DELETE
NAME	GINN, EDWINA J.	
STREET ADDRESS	2508 PEMBERTON CREEK DR.	
CITY-STATE-ZIP	SEFFNER FL	
TITLE	AS	[] DELETE
NAME	NEIL, VICTORIA	
STREET ADDRESS	20628 HELEN COURT	
CITY-STATE-ZIP	LUTZ FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Victoria Neil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

813.949.8921

CR2E034 (11/98)