PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90101 026 ***150.00

1, Corporation	MENT # K88183 FECH, INC.				
Principal Place of Business Mailing Address					
210 COOK ST BRANDON FL 3 US		P.O. BOX 249 SEFFNER FL 33510-3844 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/15/1989
2. Principal Place of Business 2a. Mailing Address					4 FEI Number Applied For
	26			59-2949137 Not Applicable	
21 26			-		_ / \$8.75 Additional
		\vdash			5. Certificate of Status Desired Fee Required
22 27 City & State City & State					6. Election Campaign Financing \$5.00 May Be
		28	•		, Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible
24	25 29 30		0		Personal Property Tax.
	9. Name and Address of Current		<u>~</u>		10. Name and Address of New Registered Agent
			81	Name	
EAVE	es, markham r.		L.	<u> </u>	Address (D.O. Boy Number in Not Accordable)
720 DEW BLOOM ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)
BRANDON FL 33511			83		
			84	City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 of the purpose of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					equired when reinstating)
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETÉ	1.1 TITLE		∵ Change
NAME	eaves, markham r		12 NAME		Da A OL Od.
STREET ADDRESS	720 DEW BLOSSOM ROAD		1.3 STREET ADDRESS		720 Dew Bloom Rd.
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY-ST-ZIP		Brondon, Fl 33511
TITLE	D	☐ DELETE	2.1 TITLE		. ☐ Change ☐ Addition
NAME	EAVES, SUSAN E		2.2 NAME		<u> </u>
STREET ADDRESS	720 DEW BLOOM ROAD		2.3 STREE	ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511		2.4 CITY-5		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- S		
TITLE		DELETE 4.17			☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET AD		
CITY-ST-ZIP			5.4 CITY+S	T-ZIP	,
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
[6.3 STREET	ADDRESS	
STREET ADDRESS			6.4 CITY-S		
CITY-ST-ZIP					}

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.

SIGNATURE: