01221999-90075-004-\$150.00-\$150.00

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CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 22, 1999 8:00 am Secretary of State

01-22-1999 90075 004 ***150.00

DOCUMENT # K96937

Principal Place	JEL, SHEPPARD & CONDON	Mailing Address						
	ieppard & Condon St P.O. Drawer 1271	C/O YANN GOODLOE 30 S. SPRING ST. P.O. DR	AWFR 1271		1 1			
PENSACOLA FL		PENSACOLA FL 32596	*100E/1 /E/0		DO NOT WRITE IN TH	IS SPACE		
US		US			3. Date Incorporated or Qualified 06/20/1989			
2. Principal P	lace of Business'	2a. Mailing Address			4. FEI Number		plied For	:
21		26			<u>59-2953118</u>		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		equired	
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip	Country	Zip	Countr	ry .	8. This corporation owes the current year		□No	
24	25		30	_	Personal Property Tax. 10. Name and Address of New Registere	Yes		
	9. Name and Address of Current	Kedistelen Abeut	8.	1 Name	in Idenia and Monices of Man Leaning	IN LABOUR		
EMM	IANUEL, ROBERT A	,		_l				
	ÓÚTH SPRÍNG ST.		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		فير بعد ال	
PEN	SACOLA FL FL 32501		8:	3	* * * * * * * * * * * * * * * * * * * *	1970, 15		
			8-	4 City		85 Zip	Code	
territorio de la composición della composición d	·o.			<u> </u>	F			
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im-familiar with, and accept the obligation	and 607.1508, Florida Statuti Florida. Such change was bons of, Section 607.0505, Florida	es, the abor uthorized by rida Statute	ve-named corp- y the corporations.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its pointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent :	and the if applicable. (NOTE)	: Registered Ag	eni signature requires	d when reinstating) DATE			8
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS			(11/0R)
TITLE	D	☐ DELETE	1.1 TITLE	•	•	☐ Change	☐ Addition	
NAME	CONDON, A G SR			•				F034
STREET ADDRESS	30 SOUTH SPRING ST.		12 NAME		•			
CITY-ST-ZIP			13 STRE	ET ADDRESS				J.
TITLE	PENSACOLA FL		1.3 ŞTRE 1.4 CIYY-	ST-ZP		Change	Addition	CROE
	D	☐ DELETE	13 STRE 1.4 CITY- 2.1 TITLE	ST-ZP	•	Change	Addition	CROE
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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 annual, or on an attachment with an address, with all other like empowered.

ANATURE REDICTOR Emmanuel Secretary 1/07/99 850-444-3824 القلوف الأمراء والمراوع أرجاوان المتأثو فالأكاروج