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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1 14015

 Corporation 	INAME IN	INESVILLE, INC.	•	
Principal Place	of Business	, Mailing Address		
% JOYCE BEAR 4141 PINE FORI		% JOYCE BEARD 4141 PINE FOREST RD		
CANTONMENT FL 32533		CANTONMENT FL 32533		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 09/07/1989
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
	DE SSAU PLACE	26 P.O. BOX	7558	59-3010950 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State	aville FL	City & State	· FL	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zib	Country	Zip	Country	8. This corporation owes the current year Intangible
24 321	0 9 25	29 32534	30	Personal Property Tax.
	9. Name and Address of Current			10. Name and Address of New Registered Agent
4141	RD, JOYCE Pine Forest RD Tonment FL 32533		81 Name 82 Street 4 (2	Address (P.O. Box Number is Not Accaptable)
				ar 7:- Code
			84 Cit	Antonment FL 85 325 Code 3
11. Pursuant office or reagent. I as	Vallante		s, the above-named thorized by the corporate Statutes.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature product printed name of requirered agent	and title if applicable. (NOTE:	s, the above-named thorized by the corporate Statutes.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
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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 chapter 607, or ontag attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Charles and the

STREET ADDRESS

FRAP KILINGSW00717 4-27-99 850-474-4000