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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L23066

May 08, 1999 8:00 am Secretary of State

05-08-1999 90046 042 ***150.00

J. N. MC	ELROY, INC.								
									B1614 B1511 1551
Principal Place	of Business	Mailing Address				-	IO DILL BIBIL DI	111 BIBN 1111)	01911 1707) (70)
458 N BROAD ST P. O. BOX 2015									
BREVARD NC 28712 BREVARD NC 28712 US US						DO NOT WRIT	E IN THIS	SPACE	
03		00				3. Date Incorporated or Qualifed			
						10/13/1989			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26				59-2973799		N	ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27				g, octavos of Elector Boshot		_ _	equired
City_& State	·	City & State				6. Election Campaign Financing	-[May Be
23	·	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curre	ent year inta	ingible Yes	No_
24	25 9. Name and Address of Curren		30			Personal Property Tax. 10. Name and Address of New R	egistered A		A 110
	9. Name and Address of Curren	r Kegisteren Agent	8	81 N	ame	IV. Haine and Address of New N	egistorear	nguin.	
MCEL	LROY, JANICE M.								
	PIGEON CIR		8	82 Street Addr		ss (P.O. Box Number is Not Accepta	ble)		
	NDO FL 32825		 	33	·				
			8	B4 Ci	ty		FL	85 Zip	Code
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office or re	agistared agent or both in the State i	of Florida, Such change was at	sthorized h	nv tha	med corpo corporation	ration submits this statement for the n's board of directors. I hereby accep	t the appoin	tment as re	egistered
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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 changed, or on an attachment with an address, with all other like empowered.