1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90129 049 \*\*\*150.00

DOCUMEN I	#	134323
<ol> <li>Corporation Name</li> </ol>		LO 1020

DEWEY'S JUST VETTES, INC.

Principal Place	e of Business	Mailing Address			I (BOILD) BOO IIII) NINON CIILE SIONN L	il dinii Ribil Binii Ainii Aidii Di	ALL BLESS 1881
416 COMMERCI	E WAY	416 COMMERCE WAY					
STE 170		STE 170			DO NOT WRITE II	N THIS SPACE	
LONGWOOD FL	. 32750	LONGWOOD FL 32750			3. Date Incorporated or Qualifed	111001702	
					12/01/1989		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21		26			59-2988107	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Rec	quired
City & Stat	e	City & State			6. Election Campaign Financing	ր \$5.00 հ	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	try	8. This corporation owes the current y		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		31 Name	10. Name and Address of New Regi	stered Agent	
HEN	DRICKS, DÓNNA G			Name	<u>_</u>		
	SNOOK DRIVE		[8	32 Street Add	ress (P.O. Box Number is Not Acceptable)		
STE			) <u>.</u>	33			
	TONA FL 37238			23			
OLL:	017712 07200		1	34 City		FI 85 Zip C	ode
		00 - 1007 4500 Florido Obela	46		anation submits this statement for the num	· · · · · ·	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized i	ov tne corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	e appointment as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505. Flo	rida Statut	es.	//. / -/	2/2/00	}
SIGNATURE	Signature, typed or printed name of registered age	CS (NOTE	Onne	gent signature requin	Sinducks and when rejectating)	7/4/7 NATE	<del></del>
12.		ND DIRECTORS	13.	gen aignotoro roquit	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12
TITLE	PD	[] DELETE	1.1 TITL	E (		☐ Change	Addition
NAME	HENDRICKS, DEWEY L.		1.2 NAM	E			
STREET ADDRESS	416 COMMERCE WAY STE 17	<b>'</b> 0	1.3 STR	TET ADDDEGG			
CITY-ST-ZIP	LONGWOOD FL			EET ADDRESS			
TITLE	VSTD		1	i		_	
NAME		DELETE	1	-ST-ZIP		☐ Change	Addition
STREET ADDRESS	. • . =		1.4 CITY	r-ST-ZIP		☐ Change	Addition
	HENDRICKS, DONNA G.	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM	r-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP	HENDRICKS, DONNA G. 416 COMMERCE WAY STE 17	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	r-ST-ZIP E		☐ Change	Addition
CITY-ST-ZIP	HENDRICKS, DONNA G.	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	Y-ST-ZIP E IE EET ADDRESS Y-ST-ZIP		☐ Change	Addition
	HENDRICKS, DONNA G. 416 COMMERCE WAY STE 17	□ DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	-ST-ZIP  E  E  E  E  E  E  E  F  F  F  F  E  E			
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14. 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 the changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP

Hendricks 4/19/99