## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90055 009 \*\*\*150.00

DOCUMENT	#	16315	52
1. Corporation Name			_

SPEED, SURRENCY & LEE, CPA'S, P.A.

Principal Place	e of Business	Mailing Address	- LUNE		BIBRI BEBIE BEBEE BI	MIT WINDS IMP
145 HORIZON CT. 145 HORIZON CT.						
LAKELAND FL		LAKELAND FL 33813		DO NOT WRITE IN THIS	S SDACE	
				3. Date Incorporated or Qualifed	SOFACE	
				·		
2 Discipal D	the set Decimans	2a. Mailing Address		04/02/1990 4. FEI Number	Ann	lied For
	lace of Business	— <u> </u>		59-3002810	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	· •• <u> </u>	, _	\$8.75 A	
22	a a year or my some or or	27	_	5. Certificate of Status Desired	Fee Rec	uired
City & State	e	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23	•	28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in		
24	25	29 3	0	Personal Property Tax.		ZNo
	9. Name and Address of Curre	ent Registered Agent	941 1	10. Name and Address of New Registered	Agent	<u>`</u> -
CDEI	ED, JERRY D		81 Name			
	HORIZON CT.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	ELAND FL 33813		83			
LAN	ELAND FE 33013		63			
	•		84 City	FI	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of	f changing its r	egistered
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept the appo	ointment as reg	istered
٠ .	im familiar with, and accept the oblig	gations of, Section 607.0000, Floric	da Otatules.			1
						1
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: F	Registered Agent signature require			<u> </u>
12.		AND DIRECTORS	Registered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
	OFFICERS A	Jenit ente ann appronn	-0.	SO MILON TOWNS AND ADDRESS OF THE PROPERTY OF	ND DIRECTOR	RS IN 12
12.	OFFICERS A	AND DIRECTORS	13.	SO MILON TOWNS AND ADDRESS OF THE PROPERTY OF		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941-646-5788