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**PROFIT** CORPORATION ANNUAL REPORT

**1999** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L76368** 1. Corporation Name ADDA ENTEDDDICES OF DODT ORANGE INC

**FILED** Jan 27, 1999 8:00am **Secretary of State** 

01-27-1999 90032 028 \*\*\*158.75

DARKA E	MIEHPHISES OF FORT OIL	MINGE; I						
Principal Place	of Business	Mailing	g Address	•	<u>"</u>	- 1 (88112)1 SII (8212 21164 1112 2116) (811 818)		
		•	STMORELAND DR					
831 RAILROAD ST #10 PORT ORANGE FL 32119		PALM (	COAST FL 32164			DO NOT WRITE IN TH	IS SPACE	
FORT ORANGE	12 02:10	US				3. Date Incorporated or Qualifed		
				-	•			
						05/30/1990 4. FEI Number	Apr	plied For
2. Principal Pla	ace of Business	<del></del>	ailing Address			59-3013740	<u> </u>	t Applicable
21		26	Y 4 . 1 # -1a		_:	_	\$8.75 A	
Suite, Apt. #	#, etc.	<b>⊢</b>	ite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
22		27	ity & State			6. Election Campaign Financing	\$5.00	Mav Be
City & State	9	<b>⊢</b> -1	ny & Olale		•	Trust Fund Contribution	Added t	
23	Country	28 Zij		Coun	itry	8. This corporation owes the current year	Intangible	• 4
Zip	Country	<u></u>	Ρ	30	,	Personal Property Tax.	☐ Yes	<b>™</b> No
24	9. Name and Address of Curren	29 t Register	ed Agent	1991		10. Name and Address of New Register	ed Agent	
	3. Name and Address of Other	·· · / C Sin / C			81 Name			
ΔΠΜ	MON, DONNA V.				001 Ct 4-	dress (P.O. Box Number is Not Acceptable)		
25 W	/ENDY LN			ļ	82 Street Ad	Buless (C.O. DOX Hallings is Not Accordance)		
	M COAST FL 32164			ŀ	83	1		1 4 Mg 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FACI	000011202101			ļ			85 Zip (	Code
	•				84 City	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	•L   ·   ·	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	int and title if ap ND DIRECT	<del></del>	13.	Agent signature requ	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	P		☐ DEL <b>E</b> TE	1.1 TIT	LE	<del></del>	☐ Change	Addition
NAME	ALLMON, DONNA V.							_
STREET ADDRESS	A A MITATIANDEL AND DD			1.2 NA	ME			_
CITY-ST-ZIP					ME REET ADDRESS			_
TITLE				1.3 \$T			Chang	
	PALM COAST FL 32164		☐ DELETE	1.3 \$T	REET ADDRESS		☐ Change	☐ Addition
NAME			☐ DELETE	1.3 \$T 1.4 CF	REET ADDRESS TY-ST-ZIP		☐ Change	
NAME STREET ADDRESS	PALM COAST FL 32164		☐ DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA	REET ADDRESS TY-ST-ZIP		☐ Change	
STREET ADDRESS	PALM COAST FL 32164			1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	REET ADDRESS SY-ST-ZIP LE ME			Addition
STREET ADDRESS CITY-ST-ZIP	PALM COAST FL 32164		☐ DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		☐ Change	
STREET ADDRESS	PALM COAST FL 32164			1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE			Addition
STREET ADORESS CITY-ST-ZIP TITLE	PALM COAST FL 32164			1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PALM COAST FL 32164			1.3 ST 1.4 CD 2.1 TH 2.2 NA 2.3 ST 2.4 CD 3.1 TH 3.2 NA 3.3 ST	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE		☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME	PALM COAST FL 32164			1.3 ST 1.4 CD 2.1 TH 2.2 NA 2.3 ST 2.4 CD 3.1 TH 3.2 NA 3.3 ST	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP ITY-ST-ZIP			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PALM COAST FL 32164		☐ DELETE	1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF 3.1 TT 3.2 NA 3.3 ST 3.4. CF	REET ADDRESS IY-ST-ZIP  LE MME REET ADDRESS ITY-ST-ZIP  LE MME REET ADDRESS ITY-ST-ZIP  TREET ADDRESS ITY-ST-ZIP  ILE		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PALM COAST FL 32164		☐ DELETE	1.3 ST 1.4 CP 2.1 TH 2.2 NA 2.3 ST 2.4 CP 3.1 TH 3.2 NA 3.3 ST 3.4 CP 4.1 TT 4.2 NA	REET ADDRESS IY-ST-ZIP  LE MME REET ADDRESS ITY-ST-ZIP  LE MME REET ADDRESS ITY-ST-ZIP  TREET ADDRESS ITY-ST-ZIP  ILE		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PALM COAST FL 32164		☐ DELETE	1.3 ST 1.4 CP 2.1 TH 2.2 NA 2.3 ST 2.4 CP 3.3 ST 3.4 CP 4.1 TT 4.2 NA 4.3 ST 4.4 CP	REET ADDRESS IY-ST-ZIP  LE ME REET ADDRESS ITY-ST-ZIP  LE ME REET ADDRESS ITY-ST-ZIP  LE AME REET ADDRESS ITY-ST-ZIP  LE AME REET ADDRESS ITY-ST-ZIP  LE AME IREET ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PALM COAST FL 32164		☐ DELETE	1.3 ST 1.4 CP 2.1 TH 2.2 NA 2.3 ST 2.4 CP 3.3 ST 3.4 CP 4.1 TT 4.2 NA 4.3 ST 4.4 CP 5.1 TP	REET ADDRESS IY-ST-ZIP  LE ME REET ADDRESS ITY-ST-ZIP  LE ME REET ADDRESS ITY-ST-ZIP  LE AME REET ADDRESS ITY-ST-ZIP  LE AME REET ADDRESS ITY-ST-ZIP  LE AME REET ADDRESS		☐ Change	Addition
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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. CITY-ST-ZIP