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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L76817

EPPERSON & ASSOCIATES, P.A.

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90078 036 ***150.00



Principal Place	e of Business	Mail	ing Address		•		- F 10031011 815 10010 81501 1		U(U() U)U() U(U)(U)	Bil Bibli Bibli	1681
%EPPERSON & ASSOC. 1719 W KENNEDY TAMPA FL 33606 US		1719	%EPPERSON & ASSOC. 1719 W KENNEDY TAMPA FL 33606 US			DØ NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/24/1990					
2 Principal D	lace of Business	2a i	Mailing Address				4. FEI Number	•		Applied Fo	ır
	lace of Business	26	Walling Addition				59-3017359		H	Not Applic	 i
Suite, Apt.	# ptc		Suite, Apt. #, etc.						\$8.7	5 Addition	
22	w, oto.	27				·	5. Certifcate of Status Desir	· —	Fee	Required	
City & State	e	28	City & State				Election Campaign Finan Trust Fund Contribution	cing 🗀		0 May Be ed to Fees	1
Zip	Country	Z	čip	Cou	ntry		8. This corporation owes the	current ye	ar Intangible		
24	25	29		30			Personal Property Tax.		Yes	Z 1100	
	9. Name and Address of Current	Registe	red Agent				10. Name and Address of N	lew Registe	ered Agent		
					81 Nam	ne					
	erson, Joel R. W Kennedy				82 Stree	et Addres	ss (P.O. Box Number is Not Ac	ceptable)			
TAM	PA FL 33606			j	83						
										in Codo	
				1	84 City				FL 85 Z	ip Code	ĺ
11. Pursuant	to the provisions of Sections 607.0502	and 607	.1508, Florida Statute	es, the at	ove-name	ed corpor	ration submits this statement for	r the purpo	se of changing	its register	ed (
agental a	to the provisions of Sections our 2002 egistered agent, or both, in the State or m familiar with, and accept the obligati	of Florida ions of, S	Such change was a Section 607.0505, Flor	uthorized rida Statu क्रिक	by the co	***	n's board of directors. I hereby	,a.	· ·		
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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.

SIGNATURE: