**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L88179

1. Corporation Name

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90100 034 \*\*\*150.00

		CONFONATION			
Principal Place	e of Business	Mailing Address	<u> </u>	1 (20)(2)( 50) (0)0) (0)0) (0)0 (0)0 (0)0	BIBIT PIĞTI BIBIT BIBIT BIBIT 1881
PO BOX 2805	****	PO BOX 2805			•
LAKELAND FL	33806	LAKELAND FL 33806		DO NOT WRITE IN THIS	S SPACE .
				3. Date Incorporated or Qualifed 07/18/1990	ļ
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3019635	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
EEAG	R, CHRISTOPHER M.		81 Name		
	E WALNUT ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	ELAND FL 33801			·	_ <del></del>
LAN	ELAND FE 33001	_	83		
		$\cap$	84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 60700	502 and 607, 508, Florida Statute	s, the above-named control by the corporat	enception authority this statement for the aurogs of	f changing its registered
agent. I a	m familiar with, and accept the object	gations of, Section 107.0505, Flori	da Statutes	tion's board of directors. I hereby accept the appo	
SIGNATURE		1 ora			
	Signature, typed or printed name of registered a	·	Registered Agent signature requi		ND DIRECTORS IN 12
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE	OFFICERS A	·	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12. TITLE NAME	OFFICERS A ST FARRIS, VICKY	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE NAME STREET ADDRESS	OFFICERS A ST FARRIS, VICKY 2310 A-Z PARK RD	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A ST FARRIS, VICKY 2310 A-Z PARK RD LAKELAND FL 33801	AND DIRECTORS 0	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST FARRIS, VICKY 2310 A-Z PARK RD LAKELAND FL 33801 D	AND DIRECTORS	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify by 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 trastee 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:

SIGNATURE AND TYPED OR PRINTED NA

941-665-6252