**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L90770

1. Corporation Name

CITY-ST-ZIP

FLORIDA SENEPOL ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address					
9100 NW 150TH	1 AVE	9100 NW 150TH AVE		*			
MORRISTON FL		MORRISTON FL 32668					
US		US			, DO NOT WRIT	E IN THIS SPACE	
					<ol><li>Date Incorporated or Qualified</li></ol>		i
					07/20/1990		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
_		26		59-3018213	<b>1</b> —4	lot Applicable	
21 Suite Ant # ata		Suite, Apt. #, etc.		39 30 102 13		Additional	
Suite, Apt. #, etc.		<u> </u>	<b>⊢</b>		5. Certificate of Status Desired		Required
22		27	<del></del>				
City & State		City & State	¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the curre	ent year Intangible	
24	25	29	10		Personal Property Tax.	☐ Yes	□No _
,	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New R	egistered Agent	
			81	Name			1
THO	MPSON, LINDA						
9100 NW 150TH AVE			82	Street A	Address (P.O. Box Number is Not Acceptal	ble)	
l	RRISTON FL 32668		-			<del></del>	
1,1011	1110101112 02000		83				
			84	City		85 Zig	Code
						FL   T	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abov	e-named	corporation submits this statement for the p	purpose of changing it	ts registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607,0505. Florid	nonzed by da Statutes	tne corpu i.	oration's board of directors. I hereby accep	t trie appointment as i	egistered
"	- 10 miles			Ω.	Thomas	4/10/a	a l
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				<u>~~~</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	DATE	<del></del>
	Signature, typed or printed name of registered ages	ht and title if applitable. (NO1E: H	tegistered Age	nt signature re	equired when reinstating)	5,112	
12.		ID DIRECTORS	13.	nt signature re	ADDITIONS/CHANGES TO OFF		ORS IN 12
			_	nt signature re	ADDITIONS/CHANGES TO OFF		
12. TITLE	OFFICERS AN	ID DIRECTORS	13.	nt signature re	ADDITIONS/CHANGES TO OFF		
12. TITLE NAME	OFFICERS AND TEFERTILLER, DR. K	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFF	Change	
12. TITLE NAME STREET ADDRESS	D TEFERTILLER, DR. K 2610 NW 143RD ST	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS	ADDITIONS/CHANGES TO OFF	Change	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D TEFERTILLER, DR. K 2610 NW 143RD ST GAINESVILLE FL 32606 VP THOMPSON, RICHARD V 9100 NW 150 AVE	ID DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS	ADDITIONS/CHANGES TO OFF	Change 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.

6.4 CITY-ST-ZIP

SIGNATURE:

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90013 030 \*\*\*150.00