

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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90028 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L94554**

1. Corporation Name  
**PICK-IT FENCE COMPANY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2980 BUCK RIDGE TRAIL  
 LOXAHATCHEE FL 33470  
 US**

Mailing Address  
**2980 BUCK RIDGE TRAIL  
 LOXAHATCHEE FL 33470  
 US**

3. Date Incorporated or Qualified  
**08/17/1990**

2. Principal Place of Business  
 21

2a. Mailing Address  
 26

4. FEI Number  
**65-0211717**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
 22

27

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
 23

28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
 24 25

29 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMOUR, STEVEN R  
 2980 BUCK RIDGE TRAIL  
 LOXAHATCHEE FL 33470**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMOUR, STEVEN, R</b>	1.2 NAME	
STREET ADDRESS	<b>2980 BUCK RIDGE TRAIL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VST</b>	2.2 NAME	
STREET ADDRESS	<b>LAMOUR, KATHLEEN, L</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>2980 BUCK RIDGE TRAIL</b>	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	<b>LOXAHATCH FL</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

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: *Katherine Harris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 561-795-8972  
 Date Daytime Phone #

CR2E034 (1/1/98)