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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L95500

ROSEDOWN PROPERTIES, II	NC.									
Principal Place of Business	Mailing Ad	ldress				a imbiling nam eneme meems di)II	1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	
7465 OLD PALAFOX HWY. P.O. BOX 10038 PENSACOLA FL 32503 PENSACOLA FL 32524						DO NOT	WRITE IN T	HIS SPAC	Έ	
						Incorporated or Qua	lifed			
2. Principal Place of Business	2a. Mailing	Address			4. FEI I	Number			Арр	lied For
21	26				59-3	3043106			Not	Applicable .
Suite, Apt. #, etc.	Suite, /	Apt. #, etc.			5. Certi	ifcate of Status Desire	ed 🗆	• •	. 75 Ad	dditional juired
City & State	City & 28	State				tion Campaign Finance t Fund Contribution	cing		5.00 N dded to	
Zip Country	Zip	30	Country		8. This	corporation owes the onal Property Tax.	current year		9	⊒No
9. Name and Address of	29		<u> </u>			ne and Address of N	lew Register			
9. Name and Address t	or Current Registered A	gent	81	Name	10. 14411	to and riddiodo of it	ou nogiotoi	<u> </u>		
WEBB, CHRIS R.			ļ				,			
6160 N. DAVIS HWY #5			82	Street A	ddress (P.O. B	lox Number is Not Ac	ceptable)			1
PENSACOLA FL 32504			83							
								11	7:- 0	
	s 607 0502 and 607 1508	L Florida Statutes	84		orporation sub	mits this statement fo		of chang	Zip C	
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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 trusted amprovered 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 arrianderes, with all other lands are the provided by the empowered. CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/12/99

Change

☐ Addition

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90059 043 ***150.00