Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90025 040 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L95860**

Corporation Name

Principal Place of Business Mailing Address	
U.S. 90 EAST P. O. BOX 545	
MONTICELLO FL 32344 MONTICELLO FL 32345 US DO NOT WRITE IN THIS SPACE	E
3. Date Incorporated or Qualifed	
08/23/1990	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 59-3020705	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Cadifests of Status Decired \$8.	75 Additional
22 27 5. Certificate of Status Desired 25 Fig.	ee Required
City & State City & State 6. Election Campaign Financing \$5	.00 May Be
23 Trust Fund Contribution Ac	ided to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	
24 25 29 30 Personal Property Tax.	s 🗆 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
. 81 Name	
DRAWDY, THOMAS W., JR. 82 Street Address (P.O. Box Number is Not Acceptable)	
415 SU JEFFERSUN SI	
MONTICELLO FL 32344	
84 City 85	Zip Code
	•
	ng its registered
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 change 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	ng its registered as registered
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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:

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10199

(850) 997-2569