LIMITED LIABILITY COMPANY  ANNUAL REPORT  1999  FLORIDA DEPAR  Katherin  Secretary Division of Co					<b>arris</b> State	FILED			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						10 APR 23 PH 5: 00			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address DOCLINAENT # 1,980,000,0358						STORMATIC PLAN			
of Limite			I# 2.		,0550	1s. Principal Pla			
1	PINEVILLE FARMS 10472 HWY 87 N MILTON FL 32570	ш				10472 H MILTON	WY 87 1	1	
2 Principal Place of Business 2a.			Mailing Address			3. Date Organized or Qualified 3a. State of Formation 03/23/1998 FL			
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			4. FEI Number		FL	T
City & State	e	City & S	City & State			}	510528	,	Applied For  Not Applicable
Zip	Country	Zin	Zip Country			5. Date of Last Report 6. Certificate of Status Desired			
	Country			Coontr	<b>,</b>			\$8.75 Add	tional Fee Required
its egistere		, in the State of F is. VV	lorida. Such	change was au	MIL- ove-named limited othorized by affirma	liability company si tive vote of a majorit	FL ubmits this state y of the members	ment for the s. I hereby a	ccept the appointment
10, Title	Title Managing Members/Managers			Busines	ss Street Address	City, State and Zip Code			
MGRM	GRM DAVIS, JERRY H			72 HWY	87 N	MILTON FL			
MGRM SPEARS, DOYCE M			991	rdnim r	HILL RO	DAD PENSACOLA FL			
MGRM KELLEY, JAMES A			551	<i>AMAGIA</i>	-KELLEY	- RD - JAY FL-			
						10	00102 -04/29 ****1	95.E 1/331 88.77	:E:111 01093015 ) ****188.75 →
ndicated or mited liabili	eby certify that the information suppl n this annual report is true and accu lity company or the receiver or trust with an address.	rate and that my	y signature s	hall have the s	ame legal effect as	if made under oath	that I am a mar	naging mem ame appear	ber or manager of the