Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M70244

Principal Place COUNTY FD. 3 P.O. BOX 431 STEINHATCHEE	58	Mailing Address COUNTY RD. 358 P.O. BOX 431 STEINHATCHEE FL 32359		DO NOT WRITE IN T 3. Date Incorporated or Qualifed 03/01/1988		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ar	plied For
21		26		59-2888729	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certif ate of Status Desired	\$8.75	
22		27		5. Cerai zate di Status Desired	Fee Re	guired
City & State	е	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution		io Fees
Zip	Country	Zip	Country	8. This corporation owes the current yea	r Intangibłe ☐ Yes	□No
24	9. Name and Address of Curre	29 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Register		
			81 Name			
DEYOUNG, EDWARD W. ROCKEY CREEK RD. P.O. BOX 431			82 Street Add	ress (P.O. Bo∢ Number is Not Acceptable)		
	NHATCHEE FL 32359		84 City		85 Zip (Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth	orized by the cornor at	poration subm ts this statement for the purposition's board of directors. I hereby accept the appropriate the statement of the purposition of the statement of	e of changing its pointment as re	egistered egistered
office or n agent. I a	egistered agent, or both, in the State in familiar with, and a cept the oblig Signature, typed or printed no me of registered age	e of Florida. Such change was authors of, Section 607.0505, Florida en and title if applicable (NOTE: Re	norized by the corporation a Statutes. Statutes a Statute of the corporation and the corporation are also as the corporation at the corporation and the corporation are also as the corporation at the cor	on's board of lirectors. I hereby accept the ap	opointment as re	eç istereo
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

OR DIRECTOR

DELETE

☐ Change

☐ Addition