## 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** 

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90082 012 \*\*\*150.00

DOCUI 1. Corporation CITY TA					
Principal Place	e of Business	Mailing Address	<del></del>		I SIGN BIBN BIBN BIBN BIBN (CD)
1715 RIVERBIRCH HOLLOW 1715 RIOVERBIRCH HOLLOW			1		
TALLAHASSEE FL 32308		4925 SNOOPY LAINE		DO NOT WRITE IN TH	IS SDACE
US		TALLAHASSEE FL 32308 US		3. Date Incorporated or Qualified	IS SPACE
		00		03/21/1988	
2 Princips   Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Riverbiach Hollow	26 1715 Riventi	OCH Hollow	59-2887906	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State		City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
	A hassee th	28 TALLAHASSEE	Country	Trust F und Contribution	Added to Fees
Zip	Coufitry	Zip	_	8. This corporation owes the current year	ntangible Ves
24 37	300 25 K)A	<del></del>	o usa	Persor al Property Tax.  10. Name and Address of New Registers	
	9. Name and Address of Current	redisteren våenr	81 Name	To. Haine and Houseas Officer hagister	
SANDERS BERT					
1715 RIVERBIRCH HOLLOW 82 Street Ad			82 Street Add	ress (P.O. 30) Number is Net (cceptable)	
TALLAHASSEE FL 32308			83		
					de Zin Codo
			84 City	' <b>~</b> / ' ' F	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or poration 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 necessary accept the appointment as registered agent. Land tamiliar with and acapet the obligations of, Section 607.0505, Florida Statutes.					
SIGNATUFE	B. + Jan. R	ERT SAMOERS		4-24-9	3
	Signature, typed or printed name of registered agent	and title if applicable (NOT 5: R	tegistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS ANI	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS.	AND DIRECTOR'S IN 12
TITLE	P PEDT	☐ nereit	1.1 TITLE		Townson Thousand
NAME	Sanders, Bert 1715 Riverbirch Hollow		1.2 NAME 1.3 STREET ADDRESS		ļ
STREET ADDRESS	TALLAHASSEE FL 323 <u>08</u>		1.3 STREET ADDRESS		, <u>, , , , , , , , , , , , , , , , , , </u>
CITY-ST-ZIP	VP .	☐ DELETE	2.1 TITLE		Change Addition
NAME	SANDERS SERNARD (BEAL)		2.2 NAME	[ ]	
STREET ADDRESS	4057 BENCHMARK TRAIL	' 1	2.3 STREET ADDRESS	/ /	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		1 >
STREET ADDRESS			3.3 STREET ADDRESS		<del></del>
CITY-ST-ZIP			3.4. CITY-ST-ZIP	X	
TITLE		☐ DELETE	4.1 TITLE	' X / '	Change
NAME			4. 2 NAME	$U_{\ell}$	*
STREET ADDRE IS			4.3 STREET ADDRESS	· /	
CITY-ST-ZIP	<u> </u>	□ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	Į.	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORE IS			63 STREET ADDRESS		
STREET NOORE NO			I		1

14. I hereb / 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 original 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 granged or on an attach ment with an address, with a lother like empowered. CITY-ST-ZIP

SIGNATURE: