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 # M75711

1. Corporation Name

T.I. DDANIMAN AND CON INC.

May 08, 1999 8:00 am Secretary of State

05-08-1999 90044 003 ***150.00

1.L. DNA	ANNAM AND SON, INC.						
Principal Plac	e of Business	Mailing Address			E (BREBBIE IN IBBOE BEELT FRANK LIBBE LIBE BIRIN	MCDIL MINEL MINIC	Atari mimii ikai
% SUZANN L. BRANNAN % SUZANN L. BRANNAN							
COUNTY RD. 67. MILE ONE COUNTY RD. 67. MILE ONE					DO NOT WRITE IN THIS SPACE		
CARRABELLE FL 32322 CARRABELLE FL 32322					3. Date Incorporated or Qualifed		
	•				04/07/1988		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
26					59-2885021		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22 27							tequired
City & State City & State					6. Election Campaign Financing		May Be
23					Trust Fund Contribution		to Fees
Zip	Country		Country		This corporation owes the current year In Personal Property Tax.	Yes	□No
24	25 9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered		
		The Hogister of Agents	81	Name			
Brannan, Suzann L.			-	Charact Andrew	and /D.O. Boy Number is Not Acceptable)		
COUNTY RD. 67			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	E ONE		83				_
CAR	RABELLE FL 32322		-	011		les 7in	Code
			84	City	F!	85 Zip	1000
SIGNATURE	am familiar with, and accept the oblig	_		nt signature required			
12.		AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	_		1.1 TITLE			Change	AQQIQOII
NAME	BRANNAN, THOMAS L.		1.2 NAME				
STREET ADDRESS			1.3 STREET				
CITY-ST-ZIP			1.4 CITY-S' 2.1 TITLE	T-ZIP		Change	Addition
TITLE	22 N		2.1 TITLE 2.2 NAME			Call or longe	
NAME			2.3 STREET	TADORESS			
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-S	1			
TITLE			3.1 TITLE	-		☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	8		3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	3		4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Char	Addition
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	TADDBESS			
STREET ADDRESS	3			TADDRESS			
CITY-ST-ZIP	<i>x</i>	☐ DELETE	5.4 CITY-S 6.1 TITLE	1-ZIF		Change	Addition
TITLE			6.2 NAME			5go	
NAME				TADDRESS			
STREET ADDRESS	S		5.0 STREE				

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. CITY-ST-ZIP

SIGNATURE