

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90054 024 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M78466

1. Corporation Name
FOSSITT GROUNDWORK, INC.

Principal Place of Business
**4640 ORANGE BLVD
LAKE MONROE FL 32747
US**

Mailing Address
**P O BOX 470639
LAKE MONROE FL 32747-639
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1988

4. FEI Number

59-2946039

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSSITT, WILLIE L.
1310 DOUGLAS STREET
SANFORD FL 32771**

81 Name
Willie L. Fossitt

82 Street Address (P.O. Box Number is Not Acceptable)
1500 N. Oregon Avenue

84 City **Sanford** **FL** 85 Zip Code **32771**

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 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **FOSSITT, WILLIE L.**
STREET ADDRESS **1310 DOUGLAS STREET**
CITY-ST-ZIP **SANFORD FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Fossitt, Willie L.**
1.3 STREET ADDRESS **1500 N. Oregon Avenue**
1.4 CITY-ST-ZIP **Sanford, FL 32771**

TITLE **STD** ☐ DELETE
NAME **FOSSITT, LORENE F.**
STREET ADDRESS **1310 DOUGLAS STREET**
CITY-ST-ZIP **SANFORD FL**

2.1 TITLE **STD** ☒ Change ☐ Addition
2.2 NAME **Fossitt, Lorene F.**
2.3 STREET ADDRESS **1500 N. Oregon Avenue**
2.4 CITY-ST-ZIP **Sanford, FL 32771**

TITLE **VD** ☐ DELETE
NAME **CLAYTON, NIKKI M.**
STREET ADDRESS **972 ST. CROIX**
CITY-ST-ZIP **APOPKA FL**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **Clayton, Nikki M.**
3.3 STREET ADDRESS **499 Broadview Avenue**
3.4 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Lorene F. Fossitt

Secretary/Treasurer

1/27/99

407-324-1106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)