## 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 # M84694 1. Corporation Name

STREET ADDRESS

KOOTER BROWNS OF FLORIDA, INC.

ROOTEN	BHOWNS OF FEORIDA, INC	·						
Principal Place	of Business	Mailing Address		-	i ibālābii ist rātti ģigis Itula i	A 2121 2121 411		
•	6. VAN MATRE, JR.	C/O THOMAS G. VAN MATR						
4300 BAYOU BO	Dulevard. Suite 16	4300 BAYOU BOULEVARD. SUITE 16 PENSACOLA FL 32503		DO NOT WE	RITE IN THIS	SPACE		
PENSACOLA FL 32503		PENSACOLA FL 32503	PENSACOLA FL 32503				<u> </u>	<del></del>
					3. Date Incorporated or Qualifect 06/06/1988			-
<u> </u>	land of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
7					59-2892529			Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			Certifcate of Status Desired		\$8.75 A	
_1 ' '	π, στο.	27			5. Certificate of Status Desired		Fee Re	
22 City & State	e	City & State			6. Election Campaign Financing	· 🗆	\$5.00	
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the cu	irrent year Inti	angible	□No ·
24	25		30		Personal Property Tax.	Bosistored		□No .
	9. Name and Address of Curren	t Registered Agent	104	lama –	10. Name and Address of New	Registered	vAaur	
	MATRE THOMAS C. ID		1 1 "	Name	<u></u>			
VAN	MATRE, THOMAS G., JR. BAYOU BOULEVARD		82 S	Street Addre	ess (P.O. Box Number is Not Accep	otable)		
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	E 16		83		· · · · · · · · · · · · · · · · · · ·			
PEN	SACOLA FL 32503		84 C	City		FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the above-n	amed corp	oration submits this statement for the	ne purpose of cent the appoi	changing its	registered pistered
office or I	registered agent, or both, in the State am familiar with, and accept the oblida			e corporation	on's board of directors, I flereby acc	. орк ин		<b>J.</b>
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statutes.	y 001p0.0112				
office of tagent I a	am familiar with, and accept the obligation of registered ager	nt and title if applicable. (NOTE:	ida Statutes.  Registered Agent sig	y 001p0.0112	d when reinstating)	DATE		
agent. I a	am familiar with, and accept the obligation of t	of Frontia. Such change was actions of, Section 607.0505, Flor  at and title if applicable. (NOTE:	Registered Agent sig	y 001p0.0112	id when reinstating). ADDITIONS/CHANGES TO C	DATE		
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SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN PD BAUGHMAN, JEFFREY A SR.	of Fioritias, such change was actions of, Section 607.0505, Flor  at and title if applicable. (NOTE:	Registered Agent sig 13. 1.1 TITLE 1.2 NAME	gnature required	id when reinstating). ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  12.	Signature, typed or printed name of registered ager OFFICERS AN PD BAUGHMAN, JEFFREY A SR. 3165 HWY. 196	of Fioritias, such change was actions of, Section 607.0505, Flor  at and title if applicable. (NOTE:	Registered Agent signal 13.  1.1 TITLE 1.2 NAME 1.3 STREET AD	gnature required	id when reinstating). ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	DRS IN 12
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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 or changed, or orygen attachment with an address, with all other like empowered.

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90019 043 \*\*\*150.00

6.4 CITY-ST-ZIP