Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90064 045 \*\*\*150.00

## 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

DO0111	AFNE // NACCO									
DOCUI	MENT # <b>M9333</b> 3	3								
1. Corporation	n Ivame									
JOHNRIC	CK PROPERTIES, INC.						6 MM   MM   1 M   10 A M   12 A M   11		(1.4)00 016H T(	B() B(E) (BE(
D-ii Di	- I Ducies	Mailing Address								
Principal Place	e of Business	Mailing Address								
P.O. BOX 443 PO BOX 443 TAVARES FL 32778 TAVARES FL 32778			28							
TAVANES TE SA	2110	US	·			•	. DO NOT WRIT	E IN THIS S	PACE	
							<ol><li>Date Incorporated or Qualifed</li></ol>			
							08/09/1988			
2. Principal P	lace of Business	2a. Mailing Addre	ess				4, FEI Number		<del></del>	lied For
21		26					<u>59-2918189</u>		<del></del>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				_5. Certifcate of Status Desired		\$8.75 A	
22		27						<del></del>		<u> </u>
City & State	e	City & State					6. Election Campaign Financing		\$5.00 N	•
Zip	Country	Zip		Country			Trust Fund Contribution		Added to	rees
<del></del>	25	29	30	7			<ol><li>This corporation owes the curre Personal Property Tax.</li></ol>			XNο
24	9. Name and Address of Curren		30	1			10. Name and Address of New Re			<u> </u>
	5. Hame and Hadress S. Carren	. , , , , , , , , , , , , , , , , , , ,		81	Name				<u>.                                    </u>	
DARE, JOHN A.										•
GEOHO-WOODS WAY					Street	Addres	s (P.O. Box Number is Not Acceptate	ole)		
P.O. BOX 5231 P. O. Box 730155							-			
ORMOND BEACH FL 32074 32/73										
	•			84	City			FL	85   Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Floric	la Statutes,	the above	e-named	corpor	ation submits this statement for the p	ournose of ch	nanging its r	egistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chang	ie was autho	orized by	the corpo	oration'	's board of directors. I hereby accept	the appoint	nent as reg	istered
•	in familiar that, and accept the conge									
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable.	(NOTE: Reg	gistered Agen	it signature r	required w	chen reinstating)	DATE		
12.		D DIRECTORS		13.		,	ADDITIONS/CHANGES TO OFF			
TITLE	DP	☐ DE	LETE	1.1 TITLE				:	Change	☐ Addition
NAME	BROWN, RICHARD PAUL, JR.			1.2 NAME		ـ ا	- 1 Reminis	IRE	DRIV	E
STREET ADDRESS	29234 <del>BESICLAIN</del> DR	. ≈ ≈ D	ì	1.3 STREET	ADDRESS	29	234 DEAGGE	 برگزار	2.	770
CITY-ST-ZIP	111111111111111111111111111111111111111	2778		1.4 CITY-ST	T-ZIP		234 BEAUCLA	211	1	2778 ☐ Addition
TITLE	DVS		LETE	2.1 TITLE				•	∴ Change	☐ Addition
NAME	Dare, John A.			2.2 NAME		ر ا	900 NORTH ATLA AYTONA BEACH,	VIK. F	LUE #	2101
STREET ADORESS	& ECHO WOODS WAY			2.3 STREET	ADDRESS	<del>~</del>	ANT DEADH	121. 2	7-110	
CITY-ST-ZIP	ORMOND BEACH FL			2. 4 CITY-S	T-ZIP	12	AYTONA BEACH,	723	<u> </u>	<b>[**]</b> • 44%
TITLE		□ DE	LETE :	31 TITLE				l	Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET		1				
CITY-ST-ZIP			LETE	3.4 CITY-S	T-ZIP	-			Change	☐ Addition
TITLE		□ OE	TEIF	4.1 TITLE					☐ Change	Addition
NAME				4.2 NAME						
STREET ADDRESS				4.3 STREET						
CITY-ST-ZIP			I ETC	4.4 CITY-ST	T- ZIP	ļ			 ☐ Change	Addition
TITLE		□ DE	EEIE	5.1 TITLE 5.2 NAME					T Auguste	
NAME				5.3 STREET	ADODESS					
STREET ADDRESS				5.3 STREET						
CITY-ST-ZIP	· .	DE	FTE	6.1 TITLE	1-41	<del> </del>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.— ☐ Change	Addition
TITLE				6.2 NAME				•	\$110.19c	
NAME .				6.3 STREET	ADDRESS					
STREET ADDRESS				*** ** I ME		1				

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 chapted, or man attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

302 242 -5135

CR2E034 (11/98)