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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90070 041 ***150.00

PREMIU	M ENTERPRISES INC.								
Principal Plac	e of Business	Mailing Address					il u u eni bi bili bi	8	
C/O LLOYD E. MCGAUGHEY 4137 ELDRIDGE AVE ORANGE PARK FL 32073 C/O LLOYD E. MCGAUGHEY 4137 ELDRIDGE AVE ORANGE PARK FL 32073 ORANGE PARK FL 32073						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/20/1988			
O Driveriant D	loss of Dusiness	2a, Mailing Address				4. FEI Number		Δτ	oplied For
	lace of Business	26			59-2912581	Not Applicable			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75		
22		27			5. Certifcate of Status Desired		Fee Re	equired	
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year Inta		
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	legistered .	Agent	
MCG	WINCHEN IT OND E			81	Name				
MCGAUGHEY, LLOYD E. 4137 ELDRIDGE AVE				82 Street Address (P.O. Box Number is No			ible)		
ORANGE PARK FL 32073				83					
Olia	NGL I ANK I E 32013			63					
				84	City		FL	85 Zip (Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered agents.	e of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Statu	by thutes.	ne corporation	oration submits this statement for the n's board of directors. I hereby acception when reinstaung)	purpose of the appoint	ntment as re	egistered
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	DP DELETE 1.1		1.1 TIT	LE				Change	☐ Addition
NAME	MCGAUGHEY, LLOYD E.		1.2 NA	ME					
STREET ADDRESS	4137 ELDRIDGE AVE	7 ELDRIDGE AVE		REETA	ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL		1.4 CF	TY-ST-	ZIP				
TITLE	DST	☐ DELETE	2.1 TR	LE				[] Change	☐ Addition
NAME	THEOLE, THE INTE			2.2 NAME					
STREET ADDRESS	TION CEDINDAE TOE		2.3 ST	REETA	ADDRESS				Ì
CITY-ST-ZIP	ORANGE PARK FL	☐ DELETE	_	TY-ST-	- ZIP			[] Change	Addition
TITLE		☐ DELETE	3.1 TIT					[_] change	
NAME					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP				3.4. CITY-ST-ZIP				√ Change	☐ Addition
NAME		<u></u>	4. 2 NAM						
STREET ADDRESS					ADDRESS				
			4.3 STA						
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.1 TII					[] Change	Addition
NAME	,		5.2 NA						
STREET ADDRESS			5.3 ST	REETA	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI	LE				[] Change	☐ Addition
114105			6.2 NA	ME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS