FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N13137

 Corporation 	Name							
COLUMBIAN #1, INC.					-00207 - 30	-00201 - 30003 - 4		
0020.1112								
								
Principal Place	of Business	Mailing Address						
5850 KOFC DRIVE P O BOX #368					1 160 KHRI 481 KHRI 1160 HKBL HITCH KIKK 1101 CIRIK			
PORT RICHEY FL 34668 PORT RICHEY FL 34668								
		US				E) 6) 1 0 2 1	11 81911 1481	
2 Oringinal Di	and of Punipopa	2a. Mailing Address		·	3. Date Incorporated or Qualifed	 ,		
					01/16/1986			
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number	Apr	plied For	
22	, oto.	27			59-3059658	No	t Applicable ~	
City & State		City & State				\$8.75 A	dditional	
23		28			5. Certifcate of Status Desired	Fee Re	quired	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30			Trust Fund Contribution	Added to	o Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	ed Agent		
_			81	Name			*,	
ALTMAN, JAMES J				Street A	Address (P.O. Box Number is Not Acceptable)	<u></u>		
5539 DELAWARE AVE			82	0.100(7	,			
NEW PT RICHEY FL 34652							J	
HEW I CHIONEL I E 04002				City		85 Zip C	Code	
						·L	_ j	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named	corporation submits this statement for the purpose	of changing its	registered	
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was autho ions of, Section 617.0503, Florida	onzed by Statutes	the corpo	praction's board of directors. I hereby accept the appropriation	pontanent as reg	gistorou	
SIGNATURE	J						1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg		t signature re	equired when reinstating) DATE		20 114 (0	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	/DP □ DELETE 1.11		1.1 TITLE		PD	Change	Addition	
NAME	Sudzina, Edward		1.2 NAME	ļ			}	
STREET ADORESS	1400 KINSMERE DR		1.3 STREET	ADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	140.0		► Addition	
TITLE	PD	🔀 DELETE	2.1 TITLE		VDP RUDOLPH DESANTIS 9209 Glen Moor La Port Richey El. 34668	, 🗍 Change	⊠ Addition	
NAME	EAVNS, FRED		2.2 NAME		KUDOLPH NE SAMI		l	
STREET ADDRESS	7605 CAYUGA DR		2.3 STREET	ADDRESS	groy Gien Moor Le	>	Ì	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		2.4 CITY-S	T-ZIP	FORT KICKLY 11-34660	[7] Ohanaa	Addition	
TITLE	SD	☐ DELETE 3.11			f	Change	Addition	
NAME	MACHER, RICHARD		3.2 NAME					
STREET ADDRESS	9130 HAVERFORD LN	_		FADDRESS			ļ	
CITY-ST-ZIP	CONTRACT CONTRACTOR		3.4. CITY-S	T-ZIP		Change	Addition	
TITLE	TD	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	CORBETT, JOSEPH		4.2 NAME				Į	
STREET ADDRESS	6025 WILDI LOWEIT HOW		4.3 STREET	TADDRESS			ĺ	
CITY-ST-ZIP	DOMINIONE TOWN ILEGIOUS		4.4 CITY-S	T-ZIP		T Observe	- Addition	
TITLE		☐ DELETE	5.1 TITLE	ĺ		Change	☐ Addition	
NAME			5.2 NAME				Ì	
STREET ADDRESS			5.3 STREET			·		
CITY-ST-ZIP			5.4 CITY-S	T-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 617, 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

Edward-Sudziva RZ

☐ DELETE

2-11-99 (727)848-6566

FILED

03-04-1999 90059 004 ****61.25

Mar 04, 1999 8:00 am § Secretary of State

☐ Change

Addition