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NONPROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE: _



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DOCUMENT # N95000001232

SIGNATURE REQUIRED

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90024 002 ****61.25

| Principal Place of Business 2a. Mailing Address 3b. Date Incorporated or Qualified 30,14/1995 Applied For 30,14/1995 Not Applied For 39-347/25/26 Not | Corporation | n Name | | | | | _ | | | |
|--|---------------------------------|--|------------------------------------|----------------|---|--------------------|---|---|---|---------------|
| A CON F. SIGN APPLIED TRACE OF Business 2a. Mulling Address 2b. Suite. Aprl 4, etc. Suite. | ORIGINA | L PALLBEARERS DISTRI | CT #1, INC. | | • | | | | | |
| ### 280 IASTH ROAD Principal Place of Business Zs. Mailing Address Subt. April ### 25. Date Incorporated or Qualified Gy/14/1995 Solita, Apt. 4, etc. | Principal Place | e of Business | Mailing Address | | | | | | | |
| Principal Place of Business Za. Mailing Address 3. Date incorporated or Qualified O3/14/1995 Suite, Apt. 4, etc. Suite, Apt. 4, etc. 4. FEB Number Mappined For Not Applied For | • | | - | - | | | 1 100:11:01 010 10(01 010) 00(11 010) | | a n 19 11a 18 00a 18 | |
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| Suite, Apt. 4, etc. Suite, Apt. 4, etc. | Principal Pl | ace of Business | ⊢ ¬ - | | | | | | | |
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| City & State City & State | ¬ '' | #, etc. | | <u>├</u> | | | | | | |
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| Example Exam | ¬ · | u | | | | | 5. Certifcate of Status Desired | | • | |
| Section Sect | 7in | Country | | Cou | untry | | 6. Election Campaign Financing | | \$5.00 | May Re |
| 9. Name and Address of Current Registered Agent 88 Name 88 Name 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Zip Code 1. Pursuant to the provisions of Sactions 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the abpointment as registered diffice or registered agent and office or registered agent and office or registered agent and with a approach. 85 Name 10 Name Address (P.O. Box Number is Not Acceptable) 86 City 87 PL 88 City 88 C | 7 | | <u> </u> | | | | 1 | | | - |
| BROWN, DORE D 2890 145TH RD LIVE OAK FL 32060 84 | <u> </u> | | | 1991 | | | | gistered A | igent | |
| 2800 145TH RD LIVE OAK FL 32060 84 City FL 85 Zip Code 1. 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 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, and an immiliar with, and accept the obligations of, Section 17,003, Florida Statutes. GINATURE Signature, Typed or primate agent and the if applicable. Description of the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 17,003, Florida Statutes. INOTE Registered Agent agents required required required when recording. Date Description of the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and statutes of the purpose of changing its registered agent and statutes. I hereby accept the appointment as registered agent and statutes. I hereby accept the appointment as registered agent and statutes. I hereby accept the appointment as registered agent and statutes. I hereby accept the appointment as registered agent and statutes. I hereby accept the appointment as registered agent and statutes. I hereby accept the appointment as registered agent and statutes. I hereby accept the appointment as registered agent and statutes and accept the distance and accept and accept the distance and accept | | | | | 81 | Name | | | | |
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| The pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes, the above-named corporation aubmits this statement for the purpose of changing its 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, and both, and accept the obligations of, Section 617,0503, Florida Statutes. Signature Sequence of the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as 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, 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, or both, in the State of Florida. Statutes. Signature Sequence of the purpose of changing its registered of the state of Florida Statutes. DATE Signature Sequence of the purpose of changing its registered of the state of Florida. Statutes in the state of Florida Statutes. DATE Signature Sequence of the purpose of changing its registered of the state of Florida Statutes. DATE Signature Sequence of the purpose of changing its registered of the state of Florida Statutes. DATE Signature Sequence of Florida Statutes in the state of Florida Statutes in the state of Florida Statutes. DELIES, CARBIE SIGNATURE SEQUENCE OFFICERS AND DIRECTORS IN 12 LIVE OAK FL DELETE SIGNATURE STATE ACCRESS LIVE OAK FL SIGNATURE STATE ACCRESS LI | - | | | | 82 | Street Modre | SS (P.O. BOX Number is Not Acceptal | ردادر | | |
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| 4. Thereby 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. | STREET ADDRESS | | | | | ł | | | | |
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