FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90048 034 ****61.25

DOCHMENLE	N9700000266	
DOCOMPIA 1 m	113100000200	

1. Corporation Name

FLORIDA BUG JAM, INC.

Principal	Place	of	Business

2. Principal Place of Business

12309 US 41 SPRING HILL FL 34610 Mailing Address

2a. Mailing Address

12309 US 41

SPRING HILL FL 34610



3. Date incorporated or Qualifed

21		26			05/08/1997			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		<u> </u>	lied For
22		27			59-3456048			Applicable
City & State	е	City & State			5. Certifcate of Status Desired		\$8.75 A	
23		28					Fee Rec	<u> </u>
Zip	Country		Zip Country		6. Election Campaign Financing		\$5.00	,
24	25	29 30	01		Trust Fund Contribution 10. Name and Address of New Re	oistored /	Added to	rees
	9. Name and Address of Currer	t Registered Agent	81	Name	IO. Name and Address of New Ke	gistered A	-Bailt	
			"					
BRUMLEY			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
12309 US			83	·				·····
Spring H	IILL FL 34610		[88]					
			84	City		FL	85 Zip C	ode
		1047 4500 Flyida Statuta	1 1	named serve	oration authorite this statement for the or	. —	changing its	registered
office or r	enistered agent or both in the State	of Florida, Such change was autt	nonzed by	tne comoratio	pration submits this statement for the pron's board of directors. I hereby accept	the appoir	itment as reg	istered
agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503, Florid	a Statutes.					!
SIGNATURE		ALOTE D		t signature required	(when coincitating)	DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	t signatura racturad	ADDITIONS/CHANGES TO OFFI		D DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE				[] Change	Addition
NAME	EVANS, DAVID	_	1.2 NAME					
STREET ADDRESS	8108 TANGLEWOOD LANE		1.3 STREET	ADDRESS				
	l · · · · · · · · · · · · · · · · · · ·		1.4 CITY-\$1	}				
CITY-ST-ZIP TITLE	TAMPA FL 33615 SD	□ DELETE	2.1 TITLE	*ZIF			Change	☐ Addition
NAME	EVANS, CINDY		2.2 NAME					
STREET ADDRESS	8108 TANGLEWOOD LANE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33615		2. 4 CITY-S					
TITLE	VD	☐ DELETE	3.1 TITLE				Change	Addition
NAME	BRUMLEY, ALLAN		3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP	SPRING HILL FL 34610		3.4. CITY-S					
TITLE	TD	☐ DELETE	4.1 TITLE				Change	Addition
NAME	BRUMLEY, JEAN	_	4. 2 NAME					
STREET ADORESS			4.3 STREET	ADDRESS				
CITY-\$T-ZIP	SPRING HILL FL 34610		4.4 CITY-S					
TITLE	0.7.0.10.11.0.10.0	☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME		•	5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP)		5.4 CITY-ST	r-zip				_
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS]		6.3 STREET	ADDRESS				
OITY DT 710	Í		6.4 CITY-ST	r-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.

SIGNATURE:

8/3 996-6306