

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 # N99000000261

1. Corporation Name ARDMAR, INC

99 MAR -9 AM 11:09

STATE OF FLORIDA TALLAHASSEE, FLORIDA

Principal Place of Business 6914 SW 53 AVE. GAINESVILLE, FL 32608-4520 Mailing Address 6914 SW 53 AVE. GAINESVILLE, FL 32608-4520

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24 25 26 27 28 29 30 2a. Mailing Address Suite, Apt. #, etc City & State Zip Country

3. Date Incorporated or Qualified 04/02/1997 4. FEI Number 59-3465933 Applied For Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired [] \$5.00 May Be Added to Fees 6. Election Campaign Financing Trust Fund Contribution [] 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent ARDMAR, INC 343 ALBEMAR AVE.

81 Name: RICHARD PAUL CASTERLINE 82 Street Address (P.O. Box Number is Not Acceptable) 6914 SW 53 AVE 83 GAINESVILLE, FL 32608-4520 84 City FL 85 Zip Code

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 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. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Richard Paul Casterline, PRES, ARDMAR. DATE

12. OFFICERS AND DIRECTORS 11 TITLE [] DELETE NAME CASTERLINE, RICHARD PAUL STREET ADDRESS 6914 SW 53 AVE CITY-ST-ZIP GAINESVILLE, FL 32608-4520 12 TITLE [] DELETE NAME VSD CASTERLINE, MARYLN B STREET ADDRESS 6914 SW 53 AVE CITY-ST-ZIP GAINESVILLE, FL 32608-4520 13 TITLE [] DELETE NAME CORNWELL, DANNY STREET ADDRESS 3306 NW 47 TR. CITY-ST-ZIP GAINESVILLE, FL 32606 14 TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP 15 TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP 16 TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE [] Change [] Addition 12 NAME 4000002803334---4 13 STREET ADDRESS -04/02/98--94133--008 14 CITY-ST-ZIP ****150.00 *****61.25 21 TITLE [] Change [] Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE [] Change [] Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE [] Change [] Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE [] Change [] Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE [] Change [] Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-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: Richard Paul Casterline JAN. 22, 1999 (353) 377-9479 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #

CR2E037 (1/198)