PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCL	MENT # DOCCO				7			
1. Corporation	MENT # P25299)						
	CORPORATION							
Milan	JOH) OHATION) (0000000) (0 1/20) \$(010 1/00) \$ (0) (0	DO BORN BIRN DIEN DIDI	61841 DUDI 1801	
Principal Plac	e of Business	Mailing Address			- I YDDISBAN NIA GARA ANNO NAMA ARMAN	DI) BJEIF EFAN AIPN BIRN	Densi Alahi radi	
4001 HWY 128 PO BOX 158								
GEYSERVILLE CA 95441		GEYSERVILLE CA 95441			DO NOT WRITE IN THIS SPACE			
บร		US			Date Incorporated or Qualifed	IN THIS SPACE		ı
}					07/24/1989		ſ	i
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number		oplied For	
21		26			68-0067888	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	
22		27			G. Octalization Delicar product		periupo	
City & Sta	ite	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23		28			Trust Fund Contribution		10 F888	
Zip	Country	29 30			8. This corporation owes the current year Intengible Personal Property Tax. □ Yes □ No			
24	9. Name and Address of Curre	29 29 Agent	1301	T	10. Name and Address of New Registered Agent			
	3, 142110 2112 7134143 01 22112			81 Name	OB BETTENCOURT			
FOLKMAN, CARL				82 Street Address (B.O. Box Number Is (Adl Acceptable)				
480 HADLEY DR					3306 LYMN AVENUE			
1	M HARBOR FL 34683			83		- '		
\ *				84 City	TAMPA FI 85 Zin Code 1			
l				ــــــــــــــــــــــــــــــــــــــ			on mintered	l
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607,1508, Florid of Florida, Such chang	ia Statutes, the a pe was authorize	above-named corporation	oration submits this statement for the pur on's board of directors, I hereby accept th	e appointment as re	gistered	
agent, 1 a	am familiar with, and accept the obliga		595, Florida Sta	tules.			ļ	1
SIGNATURE	Signature, typed or printed name of registeract age) (Q) COWV	(NOTE: Registers	d Agent signature required	f when reinstating)	DATE		<u>ଲ</u>
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICE			1 6
TITLE	PD	OE	LETE 5.17	mue		Change	☐ Addition	CR2E034 (11/98)
NAME	MURPHY, TIMOTHY J. JA.		I	WIE				용
STREET ADDRESS				STREET ADDRESS				Ñ
CITY-ST-ZIP				OTY-ST-ZIP		☐ Change	nocibbe	5
TITLE	_			MILE VAME	•	<u></u>		
NAME	READY, DAVID L. 900 BENJAMIN WAY			STREET ADDRESS				1
STREET ADDRESS	HEALDSBURG CA			CITY-ST-ZIP	- 			_
TITLE	SD			ITILE		Change	Addition	
NAME	GOODE, DALE R.		321	VAME		• •	}	
STREET ADDRESS	AAAAA AAA BANAHAH HEISHII	rs	3.3 5	STREET ADDRESS				
	-HEALDSBURG CA 95448			CITY-ST-ZIP		- Charac	- Lagging I	د د مس
TITLE		□ DE		rm.E	•	Change	- Addition	
NAME			l∎+	NAME				
STREET ADDRESS				STREET ADDRESS			İ	ı
CITY-ST-ZIP TITLE				UTY-ST-ZIP		Change	Addition	ı
NAME		_		ME			İ	
STREET ADDRESS			5.3.5	STREET ADDRESS		•	l	
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE		□ DE		inte _		☐ Change	Addition	
NAME	1		621	WHE "				

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

STREET ADDRESS

ISLOCAT/RABAQURED

1/19/99

7074317644

FILED

Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90049 030 ***150.00

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