FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P25584

MENLO PARK, INC.

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90027 008 ***150.00



Principal Place of Business Mailing Address					· ·	
201 HIGHWAY 74 SOUTH PEACHTREE CITY GA 30269 201 HIGHWAY 74 SOUTH PEACHTREE CITY GA 30269					,	
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	1
					08/11/1989	
2. Principal P	2a. Mailing Address			4. FEI Number Applied For	1	
21		26			58-1188553 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	1
22		27			5. Certificate of Status Desired Fee Required	<u>.</u>
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	լ .
Zip Country		Zip	Zip Country		This corporation owes the current year Intangible	
24	25	29 3	0		Personal Property Tax.	1
	9. Name and Address of Curre	nt Registered Agent	8	.1	10. Name and Address of New Registered Agent	┨.
MOSARI AND MILLIAM				Name	•	
MCFARLAND, WILLIAM 3327 NORTH WEST STREET PENSACOLA FL 32505			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	1
			-		The state of the s	-
PEN		83	3			
			84	City	85 Zip Code	1
					rL	4.
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes of Florida, Such change was auth	, the above norized by	/e-named corpo / the comoration	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	ľ
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statute	s.	<u> </u>	- -
SIGNATURE					swhen reinstating) DATE	
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re ND DIRECTORS	egistered Age	ent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	+ 3
12.	PD OFFICERS AI	DELETE	1.1 TITLE		Change Addition	1 :
NAME	PAILER, CHARLES L., III		1.2 NAME			-
STREET ADDRESS	201 HIGHWAY 74 S.			ET ADDRESS		} }
i	PEACHTREE CITY GA		1.4 CITY-			}
CITY-ST-ZIP TITLE	VSD	□ DELETE	2.1 TITLE	31-23	. Change Addition	13
NAME	HARE, WILLIAM C.	. –	2.2 NAME			
STREET ADDRESS	201 HIGHWAY 74 S.			ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-			
TITLE	TEACHTIEE ON T CA	☐ DELETE	3.1 TITLE	<u> </u>	☐ Change ☐ Addition	1
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREI	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP]
TITLE		☐ DELETE	4.1 TITLE		Change Addition	}
NAME			4, 2 NAME		·	Ì
STREET ADDRESS			4.3 STRE	T ADDRESS	• • • • • • • • • • • • • • • • • • • •	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		╛
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	ET ADDRESS		1
CITY-ST-ZIP			5.4 CITY			1
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	1
NAME			6.2 NAME			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 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 ennual report is troughly 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 officer or director of the corporation of Block 12 or Block 13 if changed, or of

SIGNATURE: