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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P35186

STREET ADDRESS

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

BURLINGAME CA

ts94 rollins Rd.

BURLINGAME CA

LLOYD W. AUBRY CO., INC.

	of Business	Mailing Address						
1394 ROLLINS RI	D.	1394 ROLLINS RD.				•		
BURLINGAME CA		BURLINGAME CA 94010	ı		DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed			
					08/19/1991			
					4. FEI Number	App	olied For	10
2. Principal Pla	ace of Business	2a. Mailing Address			94-1538980		Applicable	0555125
1		26				\$8.75 A	dditional	Ĕ.
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re		
22		27			- First Oira Financing	\$5.00	May Be	
City & State		City & State	- ¬		6. Election Campaign Financing Trust Fund Contribution	Added to		
23		28			8. This corporation owes the current year	ntangible		
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year to Personal Property Tax.	Yes	□No	
24	25	29	30		10. Name and Address of New Registere	d Agent		
	9. Name and Address of Curre	nt Registered Agent		81 Name	TU. Name and Address of the Constitution			
		Ů.						
CT C	ORPORATION SYSTEM			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		Ĭ	
LEO 1200 S. PINE ISLAND ROAD				e comment to a set of the best of the first of the first of the set of the se	11 21211 21411 51911 1	1371 S.BIL (B)		
PLANTATION FL 33324				83		1		
				84 City	1 10 m 10	85 Zip (Code	
				1 - 1 - 7	F	<u>L</u>)	7	
**** CO. 1140 1	the provisions of Sections 607 05	502 and 607,1508, Florida Sta	atutes, the a	bove-named co	progration submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its	registerea (aistered	1
office or re	egistered agent, or both, in the Stat	e of Florida. Such change wa	s authorize	d by the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	JOHNSHIO III GG 12	9	
agent. I ar	egistered agent, or both, in the State of familiar with, and accept the obliq	gations of, Section 607.0303,	T IOIIGE OIG					
SIGNATURE		good and title if populicable (N	NOTE: Registere	d Agent signature requ	uired when reinstating) : (글) DATE			á
Signature, typed or printed flatile of registered signature.								
12.	OFFICERS A	AND DIRECTORS	13.	,,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	1 4
		AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12 Addition	14.43
TIŢLE	DP	AND DIRECTORS	1.1 T		ADDITIONS/CHANGES TO OFFICERS 94-1838960	AND DIRECTO	DRS IN 12	12451457
NAME	DP BUTLER, ROBERT J	AND DIRECTORS	1.1 T	TILE NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12	E0243/439
	DP Butler, Robert J 1394 Rollins Rd.	AND DIRECTORS	1.1 T 1.2 M	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12	D2E024(143)
NAME	DP BUTLER, ROBERT J 1394 ROLLINS RD. BURLINGAME CA	AND DIRECTORS	1.1 T 1.2 M 1.3 S 1.4 C	TTLE IAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	DRS IN 12 Addition	CD2E034:(44)
NAME STREET ADDRESS	DP BUTLER, ROBERT J 1394 ROLLINS RD. BURLINGAME CA VD	AND DIRECTORS	1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	CD0E034(145)
NAME STREET ADDRESS CITY-ST-ZIP	DP BUTLER, ROBERT J 1394 ROLLINS RD. BURLINGAME CA VD KELLY, THOMAS A	AND DIRECTORS	1.1 T 1.2 h 1.3 S 1.4 C 2.1 T 2.2 h	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	CDDE024(144)
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5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

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 change I; or on an attachment with an address, with all other like empowered.

64-125.XX

☐ Addition

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90002 031 ***150.00