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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000008241 1. Corporation Name

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90050 024 ***150.00

| | ASSOCIATES, INC. | | | | |
|---|--|--------------------------------------|--|--|---|
| | | | | 1 -100/FBM 210 18110 11071 40114 00111 80111 08111 | |
| | | | | | |
| Principal Plac | e of Business | Mailing Address | | | |
| 150 INDIES DRIVE SOUTH P. O. BOX 860238 | | | | • | |
| DUCK KEY ST. AUGUSTINE FL 32086 MARATHON FL 32086 US | | | DO NOT WRITE IN THI | S SPACE | |
| MARATHON FL 32086 US | | | 3. Date Incorporated or Qualifed | O OF AGE | |
| 00 | | | | 11/30/1992 | |
| 2 Principal P | lace of Business | 2a, Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0328464 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | **** | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 27 | | 27 | | 5. Cortificate of Status Desires | Fee Required |
| City & Stat | te | - City. & State | سيحسين فسسيب الربار سيسد | | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Žip | Country | Zip | Country | 8. This corporation owes the current year In | ntangible □Yes ☑No |
| 24 | 9. Name and Address of Curren | 29 3 | [0] | Personal Property Tax. 10. Name and Address of New Registered | |
| | 9. Name and Address of Curren | ir veðistalan Aðsiir | 81 Name | 1 11 - | |
| INIH | ron, e b | | | 2 PS. HINTON | · |
| | AUGUATA CIRCLE | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) 2 AVASTAS IA LAKES | DR. |
| } | AUGUSTINE FL 32086 | | 83 | = ///···· | |
| | | | | | |
| | | | 84 City | AUGUSTINE FI | L 85 Zip Code |
| 44 Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508. Florida & atutes | بممام محمد سينيا مامياها | ti aubmita this statement for the purpose / | of changing its registered |
| office or I | registered agent, or both, in the State | of Florida, Such change was aut | horized by the corpora | tion's board of directors. I hereby accept the appoint | ointment as registered |
| ! | am familiar with, and accept the obliga | IIII SAN SECIION GOVESOS, FIGUR | 14 Otatules. | 3/17/ | 99 |
| SIGNATURE | Signature, typed Amilied name of Tegistered ager | nt and title if applicable. (NOTE: R | legistered Agent signature requi | ired when reinstating) DATE | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | D | | | | |
| NAME | D | DELETE | 1.1 TITLE | Liter EB | nange Addition |
| I TURNIL. | HINTON, E. B. | DELETE | 1.1 TITLE 1.2 NAME | HINTON, E B | ☐ Addition ☐ Addition |
| STREET ADDRESS | HINTON, E. B. 300 AUGUSTA GIRCLE | DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | HINTON, E 13 182 ANASTASIA MAKES | ☐ Change ☐ Addition |
| | HINTON, E. B. | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | HINTON, E B 182 ANASTASIA LAKES ST. AUGUSTINE, FL. | Denange Addition OF. 3 2.08 4 |
| STREET ADDRESS | HINTON, E. B. 300 AUGUSTA GIRCLE | DELETE | 2.1 TITLE | HINTON, E B 182 ANASTASIA LAKES 5T. AUGUSTINE, FL. | Addition OR. 3 208 4 Change Addition |
| STREET ADDRESS CITY-ST-ZIP | HINTON, E. B. 300 AUGUSTA GIRCLE | | 2.1 TITLE 2.2 NAME | HINTON, E B 182 ANASTASIA LAKES 5T. AUGUSTINE, FL. | Denange Addition OF. 3 2.08 4 |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | HINTON, E. B. 300 AUGUSTA CIRCLE- ST. AUGUSTINE FL-32086 | ☐ DELETE | 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | HINTON, E B 182 ANASTASIA LAKES ST. AUGUSTINE, FL. | Addition Addition Change Addition |
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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 of 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.

SIGNATURE: