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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90160 047 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000003161

1. Corporation Name

ASSET ADVISORS, INC.

Principal Place of Business
350 PENSACOLA BEACH BLVD.
STE. 7
GULF BREEZE FL 32561
US

Mailing Address
P.O. BOX 99
GULF BREEZE FL 32562-0099
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1993

4. FEI Number
59-3159274

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYONS, MARK III
68 BAYBRIDGE
GULF BREEZE FL 32561

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LYONS, MARK III
STREET ADDRESS ~~424 BAYBRIDGE~~
CITY-ST-ZIP GULF BREEZE FL

1.1 TITLE PD
1.2 NAME LYONS, Mark III
1.3 STREET ADDRESS 68 Baybridge
1.4 CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE STD
NAME LEVIN, ALLEN R.
STREET ADDRESS ~~418 S BAYLEN STREET SUITE 200~~
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE STD
2.2 NAME Levin, Allen R.
2.3 STREET ADDRESS 2328 East Lakeview Ave
2.4 CITY-ST-ZIP Pensacola, FL 32503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

850 934-0440

Daytime Phone #

CR2E034 (11/98)