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 # P9300003896

1. Corporation Name

OF FLORIDA BREEZY HILL ENTERPRISES, INC.

Principal Place of Business Mailing Address							••••		
147 CYPRESS LANE 147 CYPRESS LANE									•
OLDSMAR FL 34677 OLDSMAR FL 34677						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						01/19/1993			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		T Ar	plied For
21 26						59-3289 153		No	ot Applicable
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			_		8.75	Additional	
22	27				5. Certifcate of Status Desired		Fee Re	equired	
City & State City & State			_			6. Election Campaign Financing	!		May Be
23		28				Trust Fund Contribution		-	to Fees
Zip	Country	Zip	Con	intry		8. This corporation owes the current year			D1.1-
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New Register		Yes	□No
	9. Name and Address of Cur	ent Registered Agent		81	Name	10. Name and Address of New Registr	neu Age		
RI IRI	KHART, JOHN W				Tutte				
147 CYPRESS LANE				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
	SMAR FL 34677			83					
025									<u> </u>
				84	City		FL 8	5 Zip	Code
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was :	authorized	1 by ≀	the corpor	corporation submits this statement for the purporation's board of directors. I hereby accept the a	se of char appointme	nging its ent as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered	igent and title if applicable. (NOT	E Registered	Agen	t signature req	quired when reinstating) DA1			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE			1.1 TI	1.1 TITLE			Ц	Change	Addition
NAME	Burkhart, John W		12 N						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	OLDSMAR FL 34677	E) priete		1,4 CITY-ST-ZIP				Change	Addition
TITLE				2.1 TITLE			لسا	Change	[_] Addition
NAME			2.2 N						
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE		2.4 CfTY-ST-ZIP 3 1 TITLE		<u> </u>		Change	Addition
TITLE				3.2 NAME					
NAME			•		ADDRESS				
STREET ADDRESS			- 1	TY-S	1				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 71		1-21			Change	Addition
NAME			4, 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			i						
TITLE	☐ DELETE			5.1 TITLE				Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	ITY- S1	r-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TI	TLE.				Change	☐ Addition
NAME			6.2 N	AME					
CYDEET ANAPESS			6.3 S	TREET	ADDRESS				

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 suppliemental 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90234 039 ***150.00