FILED Apr 30, 1999 8:00 am Secretary of State

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## 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

## P93000004339 **DOCUMENT #**

PRIMECO OF BREVARD COUNTY, INC.

Timaco	0 01 511271115 00011111,										
Principal Place of Business Mailing Address							i istiläät esä tättä eritt gatti		18111 <b>61960</b> 51184	# 1111# 1#11 L##I	
756 BEACHLAND BLVD VERO BEACH FL 32963 VERO BEACH FL 32963							DO NOT WRITE IN THIS SPACE				
	•						3. Date Incorporated or Qualife 01/12/1993	ed			
Principal Place of Business     2a. Mailing Address							4. FEI Number		Ap	plied For	
26							59-31884 <u>6</u> 0		No	ot Applicable	
Suite, Apt.	#, etc.	<u>├</u>	Suite, Apt. #, etc.				5. Certifcate of Status Desired		See Required		
City & State	8	City & State					6. Election Campaign Financin Trust Fund Contribution	g 🗆	\$5.00 Added t		
Zip	Country	Zip	(	Country			8. This corporation owes the co	urrent year Int			
24	25	29	30	•			Personal Property Tax.		Yes	XINO	
	9. Name and Address of Curre						10. Name and Address of Nev	v Registered	Agent /		
				81	Name				,		
COLLINS, GEORGE G JR 756 BEACHLAND BLVD				82	Street	Address	dress (P.O. Box Number is Not Acceptable)				
VERO BEACH FL 32963											
				83 84							
					City			FL	.   `	Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such chand	ie was autnor	ized by	tne corpo	corpora oration's	tion submits this statement for to board of directors. I hereby acc	ne purpose of cept the appoi	changing its itment as re	registered gistered === -	
SIGNATURE								DATE			
12.	Signature, typed or printed name of registered ag	ont and title if applicable.  ND DIRECTORS	(NOTE: Regis	13.	t signature r	required with	ADDITIONS/CHANGES TO		ID DIRECTO	ORS IN 12	
TITLE	PD ·	DE		1.1 TITLE			ADDITIONS/OFFICE TO	JI TOLINO TU	Change	Addition	
NAME	HORTON, RAY A			1.2 NAME					_ ,	_	
STREET ADDRESS	3080 11TH PLACE			1.3 STREET ADDRESS							
C/TY-ST-ZIP	VERO BCH FL			1,4 CITY-S							
TITLE	VEHO BOILLE	DE		2.1 TITLE					☐ Change	☐ Addition	
NAME	·	_		2.2 NAME		1				}	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			i i	2. 4 CITY-5						.	
TITLE		□ DE		3.1 TITLE		<u> </u>			☐ Change	Addition	
NAME			3	3.2 NAME							
STREET ADDRESS				3.3 STREET ADDRESS			v ==	. نير حد	•		
C/TY-ST-Z/P			3	3.4. CITY-S	T-ZIP						
TITLE		□ DE		1.1 TITLE				-	Change	☐ Addition	
NAME	•		4	4. 2 NAME							
STREET ADDRESS			4	4.3 STREET	ADDRESS						
CITY-ST-ZIP	·		4	4.4 CITY-S	T-ZIP						
TITLE			LETE :	5.1 TITLE					☐ Change	☐ Addition	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplierrential annual report, is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn 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 an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

(561) 562-1534

Change

☐ Addition