03-09-1999 90065 043 \*\*\*150.00

## 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 # P9300008574

BIRD CIT	TY USA, INC.									
Principal Place	of Business		Ma	ailing Address					9191 <u>18</u> 91	
Principal Place of Business  14715 LIVE OAK RD  PANAMA CITY BEACH FL 32413  US  Mailing Address  14715 LIVE OAK RD  PANAMA CITY BEACH FL 32413  US  US								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  01/28/1993		
Principal Place of Business     2a. Mailing Address								4. FEI Number Applied	1 For	
21				26					plicable	
				Suite, Apt. #, etc.	te, Apt. #, etc.			\$8.75 Addit		
22 27					•			5. Certificate of Status Desired Fee Require		
City & State City & State								6. Election Campaign Financing S5.00 May	Be	
				28				Trust Fund Contribution Added to Fees		
Zip Country			1	Zip Count				8. This corporation owes the current year Intangiple		
24	25		29	9 30				Personal Property Tax.	10	
•	9. Name and	Address of Curren	t Regis	tered Agent				10. Name and Address of New Registered Agent		
						81	Name			
HILL, JAYMEE						82 Street Address (P.O. Box Number is Not Acceptable)			$\neg \neg$	
14715 LIVE OAK RD										
PANAMA CITY BEACH FL 32413						83				
						84	City	85 Zip Code	<del>,                                    </del>	
							1	FL   65   219 Code corporation submits this statement for the purpose of changing its regis		
office or n agent. I a SIGNATURE	m familiar with, ar	ed name of registered agen	t and title	Section 607.0505, Flo	rida Stat	utes	·	ration's board of directors. I hereby accept the appointment as registe		
12.		OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD			☐ DELETE	1.1 11			☐ Change ☐	Addition	
NAME	HILL, JAYMEE			12 N					ĺ	
STREET ADDRESS	11,70 = 12			135			TADDRESS			
CITY-ST-ZIP	PANAMA CITY	<u>' FL</u>			_	TY-S	T-ZIP	□ Changa □	Addition	
TITLE				☐ DELETE	2 1 Ti	ΠE		☐ Change ☐	T WOOIIION	
NAME					22 N	AME				
STREET ADDRESS	_		_		1		TADDRESS		İ	
CITY-ST-ZIP					_		ST-ZIP	Change	Addition	
TITLE				☐ DELETE	31 TI			☐ Change		
NAME					32 N		ļ			
STREET ADDRESS							TADDRESS			
CITY-ST-ZIP				Closuste	_	_	ST-ZIP	☐ Change ☐	Addition	
TITLE				C DELETE	41 TI					
NAME					4 2 N		1			
STREET ADDRESS							TADDRESS		;	
CITY-ST-ZIP				□ DELETE		TY-S	T-ZIP	☐ Change	Addition	
TITLE	Ì			☐ DELETE	51 TI 52 N			, Change L	_ ,	
NAME							T ADDRESS			
STREET ADDRESS							T-ZIP	•		
CITY-ST-ZIP				☐ DELETE	61 T		11-217	☐ Change	Addition	
TITLE					62 N			_ January _		
NAME STREET ADDRESS							T ADDRESS			
CIDELL VUDDECC					<b>■</b> 000	THEE	I VEDERESO			

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 ebanged, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP