PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000010678

CERTIFIED FOUNDATIONS, INC.

| | · • | | | | | | | | | | |
|---|--|-------------------------------------|-------------------------|----------------|-------------|-----------------------|--|------------------|-------------------|---------------|--|
| Principal Place of Business Mailing Address | | | | | | | , 100,100, 100, 100, 100, 100, 100, 100 | | | | |
| 921 SHADOW DRIVE P.O. BOX 91687 SUITE 10 LAKELAND FL 33804-1687 | | | | | | | | | | • | |
| LAKELAND FL 33809 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | | | | | | te Incorporated or Qua 2/04/1993 | alifed | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FE | 1 Number | | A | pplied For | |
| 21 26 | | | | | | 59 |) 3164180 | | N | ot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc | | | | | | 5. Ce | rtifcate of Status Desi | red 🗆 | | Additional | |
| 22 | | 27 | | | | | | | | equired | |
| - City & State | City & State | State | | | | ection Campaign Finar | icing 🗆 | | May Be to Fees | | |
| 23 | | Zip | Country | , | | | ust Fund Contribution | | | to rees | |
| Zip | Country | <u> </u> | Country | , | | | is corporation owes the rsonal Property Tax. | e current year n | Yes | □No | |
| 24 | 9. Name and Address of Current | 11 | | | | | ame and Address of I | New Registered | | | |
| | . Italie and Address of Ourten | registores regent | 81 | Name | | | *** | | | | |
| COL | Lier, Lewis G. | | _ | L | | (5.0 | O Nobasis Net A | | | | |
| 6415 GREEN ROAD | | | 82 | Street | Address | s (P.O. | Box Number is Not A | ceptable) | | | |
| LAKE | ELAND FL 33810 | | 83 | 1 | - | | | - | | | |
| | | • | | O:t- | | | | | . 85 Zip | Code | |
| | • • | | 84 | | | | | F | | | |
| 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: Reg | istered Age | nt signature r | required wh | | | DATE | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | | ADI | DITIONS/CHANGES T | O OFFICERS A | | | |
| TITLE | | | 1.1 TITLE | | <u> </u> V. | | 1 Dalla | | ☐ Change | Addition | |
| NAME | 002221, 0011111 | | 1.2 NAME | Rob | | ert | N. Dake | | | į | |
| STREET ADDRESS | 6415 GREEN RD | | 1.3 STREE | T ADDRESS | 417 | <u> </u> | Mallard Prive Harbor, Fl | 2.//95 | | | |
| CITY-ST-ZIP | LAKELAND FL 33809 | | 1.4 CITY+S | T-ZIP | 24. | تعام | Harber, FI | 37-613 | Change | Addition | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | | | | | | ☐ Change | ☐ Addition | |
| NAME | COLLIER, LEWIS G. | | 2.2 NAME | | | | | | , | | |
| STREET ADDRESS | 6415 GREEN ROAD | | 2.3 STREE | TADDRESS | | | | | | | |
| CITY-ST-ZIP | LAKELAND FL 33810 | | 2. 4 CITY- | | ļ | | | | Change | Addition | |
| TITLE | ميتهدي و ما يوم يو | - DELETE | 3.1 TITLE | | | | - · · · · · | ., , | . — Crimiga | ,L 700001 | |
| NAME | | | 3.2 NAME | | | | | | | ļ | |
| STREET ADDRESS | | | | T ADDRESS | 1 | | | | | | |
| CITY-ST-ZiP | | ☐ DELETE | 3.4. CITY- | ST-ZIP | | | | | Change | Addition | |
| TITLE | | | 4.1 TITLE | | | | | | c.i.a.igo | | |
| NAME | · | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | | | TADDRESS | 1 | | | • | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S 5.1 TITLE | i-ZIP | + | | | | ☐ Change | Addition | |
| TITLE | | | 5.1 STILE 5.2 NAME | | | | | w * | _ + | | |
| NAME | | | | TADDRESS | | | • | | | | |
| STREET ADDRESS | | | 5.4 CITY-5 | | | | | • | | ŀ | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | | | | | | Change | Addition | |
| NAME | | — | 6.2 NAME | | | | | | Ţ | | |

14. Hereby certify that the information supplied with the 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 finual 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 recover 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 changed and the same legal effect as if made under oath; that I am an officer or director of the corporation or the recovery of the corporation or the recovery of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recovery of the corporation or the recovery of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recovery of the corporation or the recovery of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recovery of the corporation or the recovery of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recovery of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recovery of the corporation or the recovery of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recovery of the corporation or the recovery of the same legal effect as if made under oath; that I am an oath of the corporation or the recovery of the corporation of the corporation of the corporation or the recovery of the corporation or the

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 13, 1999 8:00 am Secretary of State

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