## 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 # P93000023095

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90220 020 \*\*\*150.00

0.00	UCKING, INC.							
Principal Place	e of Business	Mailing Address			4 (BBIIOD) 140 IB120 (1)114 BB114 BB111 BB111 BB111	14 <b>00E</b> 11111 <b>0E</b> 11 <b>0</b>	18181 8111 1881	
8402 N BROOKS ST TAMPA FL 33604  8402 N BROOKS ST TAMPA FL 33604  TAMPA FL 33604				DO NOT WRITE IN THIS	SPACE			
					3. Date Incorporated or Qualifed 03/25/1993			
2 Deinainal D	leas of Punings	2a. Mailing Address		<del></del>	4. FEI Number	Δη	plied For	
<b>—</b> '	lace of Business	26. Maining Address			65-0400575	_ <del>    -   -  </del>	t Applicable	
Suite, Apt.	# etc	Suite, Apt, #, etc.	····			\$8.75		
22	m, dic.	27			5. Certificate of Status Desired	Fee Re		
- City & State	6	City & State			-6. Election Campaign Financing	~>\$5:00	May Be	
23	· ·	28			Trust Fund Contribution	Added t	- 1	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year In	tangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
•	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
CED	HADT CMELITA			81 Name			1	
GERHART, EMELITA 8402 N. BROOKS ST.			Ì	82 Street Add	dress (P.O. Box Number is Not Acceptable)			
IAW	PA FL 33604			83			,	
	•			84 City		85 Zip (	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu					FL	<u> </u>		
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, Fl	authorized Iorida Statu	tes.	tion's board of directors. I nereby accept the appu	ntment as re	gistered	
	Signature, typed or printed name of registered ager			Agent signature requi	ired when reinstating) DATE			ó
12.	OFFICERS AN				ADDITIONS/CHANGES TO OFFICEDS AS	IN DIDECTO	NDC INI 12	
TITLE	0	ID DIRECTORS	13.	- T	ADDITIONS/CHANGES TO OFFICERS A			7
NAME	P CEDHART EMELITA	DELETE	1.1 Тरा		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12	1441
NAME	GERHART, EMELITA		1.1 TIT 1.2 NA	ME	ADDITIONS/CHANGES TO OFFICERS A			2024 / 44 #
STREET ADDRESS	GERHART, EMELITA 8402 N. BROOK ST.		1.1 TIT 1.2 NA 1.3 ST	ME REET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A			200004 /44 K
STREET ADDRESS CITY-ST-ZIP	GERHART, EMELITA	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	ME REET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A			CD2E034 /44#
STREET ADDRESS CITY-ST-ZIP TITLE	GERHART, EMELITA 8402 N. BROOK ST.		1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	ME REET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition	CD2CD24 /44 K
STREET ADDRESS CITY-ST-ZIP TITLE NAME	GERHART, EMELITA 8402 N. BROOK ST.	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	ME REET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHANGES TO OFFICERS AI	☐ Change	☐ Addition	CD20024 /44 #
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	GERHART, EMELITA 8402 N. BROOK ST.	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ .	☐ Addition	A CD2E024 /41 K
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GERHART, EMELITA 8402 N. BROOK ST. TAMPA FL	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP		☐ Change ☐ Change ☐ .	☐ Addition	A CD2E024 /11 K
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	GERHART, EMELITA 8402 N. BROOK ST. TAMPA FL	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.3 ST 3.4 CI 4.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP ME REET ADDRESS IY-ST-ZIP LE		☐ Change ☐ Change ∴ ☐ Change	Addition Addition	# CDDC024 /44 #
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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**