## 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 # P93000024098

TORREY S CREST, INC.

## FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90019 033 \*\*\*150.00



Principal Plac	e of Business	Mailing Address				*****	- 19181 1811 1881
365 OLD DIXIE	HWY	365 MOLD DIXIE HWY				•	
BOWLING GREEN FL 33834		BOWLING GREEN FL 33834			DO NOT WRITE IN THIS SPACE		
US	•	US			3. Date Incorporated or Qualifed		
	•				03/29/1993		. *
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0395243	N	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & Stat	te .	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip ·	Counti	ry	8. This corporation owes the current ye		Пм.
24	25	11	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent	R	1 Name	10. Name and Address of New Registe	area wäeur	
SHE	PARD, LEROY	tati yi sasati filiki ilibiri shi. S	"				
	OLD DIXIE HWY	•	8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	VLING GREEN FL 33834		8	3	・ (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	13.12 No 21417 ABS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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			8	4 City ,	६० परक्षक प्रशासना ने जिल्लाकी है। विस्तानी इ	85 Zip	Code
	100000	FOR LODZ AFOR FIELD CANAL			manation authority this statement for the surro	F L	registered
office or i	registered agent, or both, in the Stat	te of Florida: Such change was at	uthorized b	y the corporati	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as r	egistered
🔠 agent. I a	im familiar with, and accept the oblic	nations of Section 607.0505, Flor	nda Statute	9S.	"		•
SIGNATURE	June	hegar (	Peristand An		red when reinstating) $i \in A$ : $DA^{i}$	z-99·	
12.	Signature typed of printed name of printed a	AND DIRECTORS (NOTE:	13.	Jour adustria radon	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
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CITY-ST-ZIP	BOWLING GREEN FL		1.4 CITY-				
TITLE	VS	☐ DELETE	2.1 TITLE			☐ Change	Addition
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STREET ADDRESS	AGE ALO DIVIE LINEAL		2.3 STRE	ET ADDRESS		•	
CITY-ST-ZIP	BOWLING GREEN FL 33834						
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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** 

GNATURE AND TYPED OF PERIODS AND SECOND FICER OR DIRECTOR

1-17-99

Daytime Phone #

;R2E034 (11/98)