## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

| * COR<br>ANNU   | PROFIT PORATION IAL REPORT  |  | Kathert-<br>Secretary  | ITMENT OF STATE TO Harris Ty of State CORPORATIONS  |                      | FILED   |  |  |
|---|---|--|--|---|----------------------|---|--|--|
| ł   | 1999  |  | <del></del>  | <del>}</del>  | -/                   | • •   | և (  |  |
| DOCUN  1. Corporation   |   | P430   | D 00 Z8  | (57.8)  |                      | 99 SEP 23 AM 10: 1  |  |  |
| RH  | lombus Co   |  |  |   |                      | SECRETARY OF STA<br>Tallahassee, Flor   | RIDA   |  |
| Principal Place   | of Business   | Mailing  | Address  | <del></del>   |                      |   |  |  |
| 2866  | DEMARET [   | DR. S  | ame  |   | 1                    |   |  |  |
| TITUSVIlle, FL 32780  |   |  |  |   |                      | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified   |  |  |
| 2. Principal Pla  | ace of Business   | 2a. Mai  | ling Address   |   |                      | 4. FEI Number   |  | Applied For  |
| 21 Suite Ast 4  | H oto   | 26 Suit  | e, Apt. #, etc.  | <del></del>   |                      | 59-3187908  |  | Not Applicable   |
| Suite, Apt. #   | #, etc.   | 27   | e, Apt. #, etc.  |   |                      | 5. Certificate of Status Desired  |  | Additional<br>Required   |
| City & State  |   | 28   | & State  | 0   |                      | Election Campaign Financing     Trust Fund Contribution   | Adde   | May Be<br>d to Fees  |
| Zip<br>24   | Country 25  | 29 Zip   |  | Country<br>30   |                      | <ol> <li>This corporation owes the current year I<br/>Personal Property Tax.</li> </ol>   | Intangible<br>☐ Yes  | <b>X</b> INo   |
|   | 9. Name and Address of  | 1  |  | 81 Name   |                      | 10. Name and Address of New Registere   |  |  |
| Ro  | by Christoph  | ler Skeld  | )on  |   | /~                   | ancy L. Skeldon   | !  |  |
|   | ,<br>866 Demar  |  |  | 82 Street   |                      | ss (P.O. Bex Number is Not Acceptable)  |  |  |
|   |   |  | _  | 83  |                      |   |  |  |
| <i>t</i>  | itusville, F.   | - 32780  | )  | 84 City   | Ti                   | tusville F  | 85 Z   | Code   |
|   |   |  |  | s, the above-named  |                      | ation submits this statement for the purpose of sound of directors. I hereby accept the app   |  | ts registered  |
| office of re<br>agent. I an   | n familiar with, and accept the   | e obligations of, Sec  | tion 607.0505, Flor  | ithorized by the corp<br>ida Statutes.  | oration<br>-         | 's board of directors. I hereby accept the app  | ointment as  | registered   |
| SIGNATURE :   | Signaphre, typed or printed name of region  | Hered agenyand title if apply  |  | Registered Agent signature  |                      | LDON 9/17   | <u> </u>   |  |
| 12.   |   |  |  |   | Ledfield A           | when reinstating) // DATE '   |  |  |
|   |   | ERS AND DIRECTO  | RS   | 13.   |                      | ADDITIONS/CHANGES TO OFFICERS   |  | ORS IN 12  |
| TITLE   | PRESIDENT/SO  | c/tres/D   | RS DELETE  | 1.1 TITLE   | P                    | SITID   | AND DIRECT   | ORS IN 12  |
|   | PRESIDENT/SOR<br>Roy Christoph  | c/tres/D   | RS DELETE  | _   | P1<br>N4<br>28       | NSTID<br>NCY L. SKELDAN<br>OG DEMARCT Dr.   |  | ORS IN 12  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PRESIDENT/SON<br>Roy Christoph<br>2866 PRMars   | c/tres/D   | RS DELETE  | 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP   | P1<br>N4<br>28       | <del>                                      </del>   | Change   | ORS IN 12  |
| TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE   | PRESIDENT/SON<br>Roy Christoph<br>2866 PRMars   | c/tres/D<br>hor Skelde<br>et Dr  | RS DELETE  | 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE  | P1<br>N4<br>28       | NSTID<br>NCY L. SKELDAN<br>OG DEMARCT Dr.   |  | e Addition   |
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| TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE   | PRESIDENT/SON<br>Roy Christoph<br>2866 PRMars   | c/tres/D<br>hor Skelde<br>et Dr  | RS DELETE  | 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE  | P1<br>N4<br>28       | ISPID<br>NCY L. SKELDON<br>166 DEMARCT Dr.<br>TUSVILLE , EL 32780   | Change   | ORS IN 12  Addition  |
| TITLE NAME STREET ADDRESS CITY. ST-ZIP TITLE NAME STREET ADDRESS CITY. ST-ZIP TITLE   | PRESIDENT/SON<br>Roy Christoph<br>2866 PRMars   | c/tres/D<br>hor Skelde<br>et Dr  | RS DELETE  | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE   | P1<br>N4<br>28       | 1911 D<br>NCY L. SKELDON<br>1866 DEMALCT DL.<br>TUSVILLE , FL 32780<br>40000233:<br>-03/28/33-  | Change   | -D Fradottion  |
| TITLE NAME STREET ADDRESS CITY. ST-ZIP TITLE NAME STREET ADDRESS CITY. ST-ZIP TITLE NAME  | PRESIDENT/SON<br>Roy Christoph<br>2866 PRMars   | c/tres/D<br>hor Skelde<br>et Dr  | RS  DELETE   | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME  | P1<br>N4<br>28<br>T6 | 1997 D<br>NCY L. SKELDON<br>1866 DEMALET Dr.<br>HUSVILLE , FL 32780<br>40000299   | Change   | -D Fradottion  |
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