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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90084 014 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000029898

1. Corporation Name

CKE PROPERTIES INC

Gillia	FROFERINES, INC.										
Principal Plac	ce of Business	Mailing Address			···	-	+ 10811001 118 (B101 1411( B1141 01	### <b>40</b>      <b>##</b>			
11325 CR 44 LEESBURG FL	34788	P O BOX 493033 LEESBURG FL 34749									
US US							DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed				
						İ	04/23/1993				
2. Principal F	Place of Business	2a. Mailing Address				4.	FEI Number			Applie	ed For
21		26				59-1694352			+ • •	pplicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		· · · · ·		5.	Certifcate of Status Desired			<b>75</b> Add le Requi	
City & Sta	te	City & State				6.	Election Campaign Financing		\$5	.00 ма	av Be
23		28					Trust Fund Contribution		-	ded to F	•
Zip	Country	Zip		ıntry		8.	This corporation owes the curr	ent year Ir	tangible		
24	25	29	30	,			Personal Property Tax.		☐ Yes		No
-	9. Name and Address of C	urrent Registered Agent		04		10.	Name and Address of New R	Registered	Agent		
FUI	ler, G. Kent			81	Name						
	25 CR 44			82	Street Addre	ss (P	O. Box Number is Not Accepta	ible)			
1	SBURG FL 34788						W- N				
				83							
				84	City				85	Zip Cod	le
11 Durawant	to the manifelian of Continue CO	7.0500 L007.4500 El : 1.01		ļl_				FL	_	•	7-1-1
I Guice or r	to the provisions of Sections 607 registered agent, or both, in the S	state of Fiorida. Such change wa	s autnonzed	i by th	named corpo le corporatior	ration n's bo	n submits this statement for the pard of directors. I hereby accep	purpose of t the appo	f changin intment a	g its reg is regist	jistered ered
agent. I a	ım familiar with, and accept the o	bligations of, Section 607.0505,	Florida Stati	utes.	<b>F</b>					/ Ug.o.	0,00
1											
SIGNATURE	Slead of head					_					
SIGNATURE	Signature, typed or printed name of registers				ignature required			DATE	ND DIRE	CTORS	
	·	S AND DIRECTORS	13.	Agent si	ignature required		einstating) ADDITIONS/CHANGES TO OFF				
12.	OFFICER D		13.	Agent si	ignature required				ND DIRE		IN 12
12. TITLE NAME	OFFICER  D  FULLER, G. KENT	S AND DIRECTORS	13. 1.1 TII 1.2 NA	Agent si							
12. TITLE NAME STREET ADDRESS	OFFICER  D  FULLER, G. KENT  11325 CR 44	S AND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST	Agent si	DDRESS						
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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 trusted 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 attackment with all address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED GNING OFFICER OR DIRECTOR

352 737 1422