OTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. DUE ON OR REFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT RPORATION UAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

P93000029959

JMENT # ion Name INC: DIVI

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

09-13-1999 90004 027 \*\*\*550.00





e of Business SCHOOL RD.	Mailing Address PO BOX 1145			, 1990-21 119 (3198 (1111 82/11 82/11 99/11 8	
32560 GONZALEZ FL 32560 US				DO NOT WRITE IN TH	IIS SPACE
				Date Incorporated or Qualified     04/23/1993	
lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	Applied For
	26			59-3189558	Not Applicable
#, etc. Suite, Apt. #, etc. 27. City & State 28				5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	Zip	Countr	ry	8. This corporation owes the current year	
25	29	[30]		Intangible Personal Property.	Yes No
9. Name and Address of Curre	ent Registered Agent		41	10. Name and Address of New Registere	ed Agent
IOTT CUADICE I		8	1 Name		
IOTT, CHARLES L 8 N TATE SCHOOL ROAD		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
NTONMENT FL 32533		8:	3		
		8-	4 City	F	85 Zip Code
am familiar with, and accept the obli Signature, typed or printed name of registered as	ent and title if applicable. (N	OTE: Registered		quired when reinstating) DATE	
OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	
DP	L DELETE	1.1 TITLE			Change Addition
ELLIOTT, CHARLES L 1698 N TATE SCHOOL ROA	n	1.2 NAME	ET ADDRESS		
CANTONMENT FL	U				j
DVP	DELETE	1.4 CITY-S 2.1 TITLE			Change Addition
ROGERS, RONALD E	<del></del>				C Ollarige C Addison
1620 TOBIAS ROAD		2.2 NAME 2.3 STREE	T ADDRESS		
CANTONMENT FL	,	2,4 CITY-S	J		
DELETE DELETE		3.1 TITLE			Change Addition
KIMREY, JOHNNY M		3.2 NAME	: [		ĺ
643 WARD BASIN RD		3.3 STREE	ET ADDRESS		}
MILTON FL		3.4 CITY-S			
	DELETE	4.1 TITLE	- 1	•	Change Addition
		4.2 NAME			
		1	TADDRESS		{
		4.4 CITY-5			Change Addition
	OELETE	5.1 TITLE 5.2 NAME	1		Change Addition
			ET ADDRESS		
		5.4 CITY-S			Ì
	DELETE	6.1 TITLE	<del></del> _		Change Addition
	[_] pere c	6.2 NAME			
ı 		ı	T ADDRESS		
		6.4 CITY-S			
		3.5 3.7 1 3			

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 ton 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 right 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 12 or Block 13 if changed, ex-on an attachment with an address.

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9-2-99.

850 968-1216