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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P93000041690

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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

04-13-1999 90103 005 ***150.00

OLD BAINBRIDGE PROPERTIES	, INC.									
Principal Place of Business	Mailing Address						31 40 311 13 121 1	####	61178 18	111 96 11 1881
1104 OLD BAINBRIDGE RD	1104 OLD BANBRIDGE RD.									
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 US US						DO NOT V	VRITE IN T	HIS SPACE		
US	US				3. Date Incorp	orated or Quali	fed			
			t		06/11/19	93				_
2. Principal Place of Business	2a. Mailing Address		4	- 4	4. FEI Numbe				Appl	ied For
21 1330 W. Orange Ave	26 1330 W. Ord	ange	Ave_		59-32057	760				Applicable
Suite, Apt. #, etc. U	Suite, Apt. #, etc.	U	•		5. Certifcate o	f Status Desire	d 🗆		5 Ad e Req	ditional uired
City & State	City & State				6. Election Ca	mpaign Financ	ing 🔲	\$5.	00 N	lay Be
23 Tallah asser - FL	28 Tallahasse		<u>-L</u> _		•	Contribution			ded to	Fees
Zip Country	Zip	Country	eon	8	•	ation owes the	current yea	r Intangible ☐ Yes	г	□No
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5. Name and Address of Ci	Frett Registered Agent	81	Name		or mano and	<u></u>	ttog.oto			
ABULABAN, WALID					/D.O. D M.		اماطمعم	_		
1104 OLD BAINBRIDGE RD		82	Street	Address	(P.O. Box Nur	nber is Not Acc	eptable)			
TALLAHASSEE FL 32303		83								
		84	City					85	Zip Co	ode
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11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statutes	the above	e-named	corporati	ion submits thi	s statement for	tne purpos	e or changin	g its re is regi:	egisterea stered
office or registered agent, or both, in the S agent. I am familiar with, and accept the o	itate of Florida. Such change was auti bligations of, Section 607.0505, Florid	la Statutes	tne corpo	oration's I	board of direct	ors, r nereby a	ccept the a	рропиненск		
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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 ap appears with all other like empowered.

SIGNATURE: