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

1. Corporation	MENT # P9300 L HOUR, INCORPORATE		78 							
Principal Place	of Business	Mailing Address	3							
10644 119TH ST N LARGO FL 34648		10644 119TH ST LARGO FL 34648		DO NOT WI						
					 Date Incorporated or Qualife 06/21/1993 					
2. Principal Pl	lace of Business	2a. Mailing Add	ress	**	4. FEI Number 59-3210421					
Suite, Apt.	#, etc.	Suite, Apt.,#	, etc.		5. Certificate of Status Desired					
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution					
Zip	Country 25	Zip 29	30	ountry	This corporation owes the current Personal Property Tax.					
[9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New					
CARR, TODD E					Address (P.O. Box Number is Not Acce					
10644 119TH ST N LARGO FL 34648				83						
			-	84 City						
i office or n	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such chai	nae was authorize	ed by the corpora	rporation submits this statement for thation's board of directors. I hereby acc					
SIGNATURE	Signature, typed or printed name of registered	I agent and title if applicable.	(NOTE: Register	red Agent signature requ	uired when reinstating)					
12.	OFFICERS	AND DIRECTORS	13	3.	ADDITIONS/CHANGES TO C					
TITLE	P		DELETE 1,1	TITLE						
NAME	Carr, todd e		1.2	NAME						
STREET ADDRESS	10644 119TH ST. N.		1.3	STREET ADDRESS						
1	LARGO FI					LADGO EL				

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90004 021 ***150.00

Principal Place	e of Business	Mailing Address				,			
10644 119TH ST N		10644 119TH ST N			,	·			
LARGO FL 34648		LARGO FL 34648					5105		
						DO NOT WRITE IN THIS SI	PACE		
						3. Date Incorporated or Qualifed			
						06/21/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Appl	ied For
21		26				59-32104 <u>21</u>		Not /	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			نسب د	Codificate of Status Designed	·\$8 . 7	5 Ad	ditional · · -
22		27				5. Certifcate of Status Desired	Fee	e Requ	Jired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.	00 м	ay Be
23		28				Trust Fund Contribution	Add	led to	Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intan	gible		
24	25	29	30			Personal Property Tax.	Yes		No
·•• /	9. Name and Address of Current		~			10. Name and Address of New Registered Ag	gent		
	of transport transport of April			81	Name				
CAR	R, TODD E		ļ						
10644 119TH ST N				82 Street Address (P.O. Box Number is Not Acceptable)					
LARGO FL 34648			ŀ	83					
5				0.5					
		-	•	84	City		85 Z	Zip Co	de
						ation submits this statement for the purpose of ch	Ш		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered.	Agent	signature required v	when reinstating) DATE			
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12
TITLE	P	☐ DELETE	1.1 TIT	LE		1	☐ Char	nge	Addition
NAME	CARR, TODD E	_	1.2 NA	ME					
STREET ADDRESS	ACCAL MACTIL OF N		1.3 ST	REETA	ADDRESS	•			
CITY-ST-ZIP	LARGO FL		1.4 CIT	V.ST.	.71P				
TITLE	V ,	☐ DELETE	2.1 TIT				Char	nge	Addition
NAME	CARR, RICHARD E		2.2 NA						
	40044 440TH OT N	•			ADDRÉSS .				
STREET ADDRESS	LARGO FL	2 - 1 - 2 - 114 - 144	2.4 CI		· · · .	the second of the second of the second of	· ~	- - .	:
CITY-ST-ZIP	T	☐ DELETE	3.1 111		- 217		☐ Char	nge	Addition
TITLE	CARR CHARLOTTE À		3.1 NA			· · · ·		•	_
NAME	CARR, CHARLOTTE A 10644 119TH ST. N.				******				
STREET ADDRESS	LARGO FL				ADDRESS				
CITY-ST-ZIP	LANGU FL	☐ DELETE	3.4. CI 4.1 TIT		-217	· · · · · · · · · · · · · · · · · · ·	☐ Char	nae	Addition
TITLE	·.				ĺ		5,1431		
NAME	1		4. 2 N			•			
STREET ADDRESS	,				ADDRESS	•			
CITY-ST-ZIP			4.4 CII		ZIP				□ Addis
TITLE	,	☐ DELETE	5.1 ∏			1	Char	nge	Addition
NAME	,		5.2 NA			• .			
CTOCCT ADDOCCO	1		5.3 ST	REET/	ADDRESS !				

CITY-ST-ZIP 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 changes. On an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

☐ Addition