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

DOCUMENT # P93000044802

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90082 013 ***158.75

Principal Place 1221 BUTTONM FT. COLLINS C	ADING COMPANY, INC. e of Business WOOD DR.	M.	ailing Address 21 BUTTONWOOD DR. COLLINS CO 80525					DO NOT WRITE IN THIS		
								3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address								06/21/1993 4. FEI Number	114	Applied For
								59-3187371		lot Applicable
21 Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.							Additional
22	.,	27	,					5. Certificate of Status Desired (XXX)	Fee F	Required
City & State City & State								6. Election Campaign Financing	\$5.00	May Be
23		28						Trust Fund Contribution	Added	to Fees
Zip	Country		Zip	Cou	ntry			8. This corporation owes the current year Inf		
24	25 29			30				Personal Property Tax.	∐ Yes	XXNo
	9. Name and Address of Curren	t Regis	stered Agent		81	Name		10. Name and Address of New Registered	Agent	
ORS	T, EDWARD J				٠,	Ivanic				
	BERT ROAD				82	Street A	ddres	ss (P.O. Box Number is Not Acceptable)		
#131				83						
JACKSONVILLE FL 32211										
					84	City		FL 85 Zip Code		Code
SIGNATURE	im familiar with, and accept the obligation of the state	nt and title	if applicable. (NOTE				quired w	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D		☐ DELETE	1.1 Til	ľΕ				☐ Change	Addition
NAME	REINHOLD, RICHARD A SR			1.2 NA	ME					ļ
STREET ADDRESS	1			1.3 ST	REET	TADORESS				
CITY-ST-ZIP	MACOMB MI 48042			1.4 CI	TY-\$1	T- ZIP				
TITLE	DPVT DELETE		2.1 TIT	2.1 TITLE				☐ Change	Addition	
NAME	REINHOLD, ROY A			22 NA	ME	-				
STREET ADDRESS	1001			2.3 ST	REE!	TADDRESS				
CITY-ST-ZIP	FT. COLLINS CO 80525		☐ DELETE	_		ST-ZIP			Change	Addition
TITLE	D AND DEED 1		() DETE IE	3.1 TII						
NAME	REINHOLD, MILDRED J 17700 25 MILE RD.			3.2 NA		TADDRESS				
STREET ADDRESS	MACOMB MI 48042									ļ
CITY-ST-ZIP TITLE	MACCIND MI 40042		☐ DELETE	3.4. CI 4.1 TIT)1-ZIF			Change	Addition
NAME				4.2 N						ļ
STREET ADDRESS				1		TADDRESS				
CITY-ST-ZIP				4.4 CI		- 1				
TITLE			☐ DELETE	5.1 TIT					Change	Addition
NAME				5.2 NA	ME	1				
STREET ADDRESS				5 3 ST	REET	TADDRESS				
CITY-ST-ZIP				5.4 CI		T-ZIP				
TITLE			☐ DELETE	6.1 T					☐ Change	Addition
NAME				6.2 N						
STREET ADDRESS						T ADDRESS				ļ
CITY-ST-ZIP				6.4 CI	TY-S	T-ZIP				

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Reinhold

January 29