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 # P93000051043

1. Corporation Name

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90013 032 ***150.00

NEGC	CORPORATION						
Principal Place	e of Business	Mailing Address			4 INCHES NO SERVE CRITE SERVE ABUSE DESIGNATION	181 Bildi isan gan	
4136 QUAIL BRIAR DR 4136 QUAIL BRIAR DR							
VALRICO FL 33594 . VALRICO FL 33594					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	IIG STACE	·
					07/15/1993		ļ
O Deimainel D	llace of Business	2a. Mailing Address			4. FEI Number	ПА	pplied For
	lace of Business	— ·			59-3194648		lot Applicable
		Suite Ant # etc	Suite, Apt. #, etc.			\$8.75 Additiona	
		27	Julius, Apri M., otto:		5. Certificate of Status Desired Fee Required		lequired
. City & State			City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		to Fees
Zip Country			Zip Country		8. This corporation owes the current year	Intangible	
24	25	29 3	0		Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Current				10. Name and Address of New Registere	d Agent	· · · · · · · · · · · · · · · · · · ·
				Name			
GOODE, WILLIAM			-	32 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	S QUAIL BRIAR DR		`	, cucci, ridai			
VALRICO FL 33594			1	33	-		
			-	34 City		. 85 Zip	Code
			- 1	'		LII	
1	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida. Such change was aut ions of, Section 607.0505, Florid	, the abo horized t la Statut	ove-named corporations es.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered A	gent signature require			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р	☐ DELETE	1,1 TITL	E		Change	Addition
NAME	GOODE, NANCY E		1.2 NAM	E			
STREET ADDRESS	4136 QUAIL BRIAR DR		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	17.47.70		1.4 CITY	-ST-ZIP		<u> </u>	The deliberation
TITLE	S DELETE 2.1 TIT		2.1 TITU	E		[] Change	Addition
NAME	GOODE, WILLIAM W 222 N		2.2 NAM	E	•		1
STREET ADDRESS	4136 QUAIL BRIAR DR		2.3 STR	EET ADDRESS	and the second s	ن وسی بر بسید.	المدخود سمحين
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP			
TITLE	☐ DELETE 3.1 T		3.1 TTTL	E		Change	Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			FTT a dubba-
TITLE		☐ DELETE	4,1 TITL	E		Change	Addition
NAME			4, 2 NA	AE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TTTL	1		Change	Addition
NAME			5.2 NAN				
STREET ADDRESS	/ .			EET ADDRESS			
CITY-ST-ZIP				/-ST-ZIP		F7.01:	D & date:
TITLE	1	☐ DELETE	6.1 TITL			Change	Addition
NAME ;			6.2 NAM				1
STREET ADDRESS 6.3.5			6.3 STR	EET ADDRESS			
1			=				ľ

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: