PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000051491

1. Corporation Name

Principal Place	e of Business	Mailing Address			
106 SOUTH 7TH STREET FERNANDINA BEACH FL 32034		106 SOUTH 7TH STREET FERNANDINA BEACH FL 32034			
			1		
2. Principal Place of Business		2a. Mailing Address			
-	lace of Business	<u> </u>	4		
Suite, Apt.		26 Suite, Apt. #, etc.			
21	#, etc.	26			
21 Suite, Apt.	#, etc.	26 Suite, Apt. #, etc. 27 City & State 28			
Suite, Apt. 22 City & Stat	#, etc.	26 Suite, Apt. #, etc. 27 City & State			

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90031 005 ***150.00



Dining Plan	of Durings	Mailing Address							
Principal Place		Mailing Address							
106 SOUTH 7TH STREET 106 SOUTH						}			
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						07/19/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	_	26				59-3200534		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
22		27	City & State			5. Certificate of Status Desired Fee Required			
City & State		— ·				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		d to Fees	
Zip	Country	Zip		untry		8. This corporation owes the current year	ntangible Yes	MNo	
24	25	29	30	т		Personal Property Tax. 10. Name and Address of New Registere			
	9. Name and Address of Curre	nt Registered Agent		81	Name	IV. Name and Address of New Adgraves	u riguit		
POO	ole, wesley r								
	CENTRE STREET			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	E 200			83	·				
	NNANDINA BEACH FL 32034								
				84	City		85 Z	p Code	
		200 1 007 1500 Florido C	t-tuton than	1	nomed corn	oration submits this statement for the purpose		its registered	
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change w	as authorize	d by 1	the corporatio	on's board of directors. I hereby accept the app	ointment as	registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	NOTE: Registere	d Ageni	t signature require	d when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC		
TITLE	TSD	☐ DELET	E 1.1 T	TLE			Chang	ge 🔲 Addition	
NAME	WALN, DANIEL R		1.2 N	IAME					
STREET ADDRESS	102 SOUTH 7TH ST		1.3 S	TREET	ADDRESS	•		İ	
CITY-ST-ZIP	FERNANDINA BEACH FL 320	34	1.4 0	ITY-ST	r-zip				
TITLE	PD	☐ DELET	E 2.1 T	TLE			Chang	ge 🔲 Addition	
NAME	WALN, LINDA N		2.2 N	IAME				ł	
STREET ADDRESS	AND DOLUME THE OT		2.3 5	TREET	ADORESS				
CITY-ST-ZIP	FERNANDINA BEACH FL 320	34	2.44	CITY-S	T-ZIP				
TITLE		☐ DELET	E 3.17	TILE			☐ Chang	e Addition	
NAME			3.2 M	IAME				ļ	
STREET ADDRESS	J		335	STREET	ADDRESS			}	
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP				
TITLE		☐ DELET	E 4.17	TITLE			[ii] Chang	ge 🔲 Addition	
NAME			4. 2	NAME				ļ	
STREET ADDRESS	}		4.3 8	TREET	ADDRESS)	
CITY-ST-ZIP			4.4 0	ITY-ST	r-ZIP				
TITLE		☐ DELET	E 5.11	TILE			Chan	ge Addition	
NAME			5.21	AME				,	
STREET ADDRESS	}		5.3 \$	TREET	ADDRESS			Ì	
CITY-ST-ZIP			5.4 0	ITY-ST	T-ZIP				
TITLE		☐ DELET	E 6.13	TTLE			Chan	ge 🔲 Addition	
NAME			6.21	VAME					
ATTICET ADDRESS	i		635	TREET	ADDRESS			1	

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 application and other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

R. Waln DANIEL R. WALN 2/28/99 NAME OF SIGNING OFFICER OR DIRECTOR