PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90059 029 ***150.00

DOCUI 1. Corporation	MENT # P93000	053248					
00.pt.a	NCE COMPANY						
Principal Place of Business Mailing Address					אום אונס נונס וונס וונכס וונגו ספנס שנו א סטונסט ו א	TE DESIGN COURT SUBSE	1881 JUN 1881
3505 HIWAY 60		2225 S KISSINGER AVE.					
BARTOW FL 33830 BARTOW FL 33830							
US US				DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed		İ
					07/29/1993		
	lace of Business	2a. Mailing Address	•		4. FEI Number	1 1 7 7	olied For
21	4	26			59-3199611		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A Fee Red	
27							
				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		•	
Zíp	Country	Zip	Countr	v	8. This corporation owes the current year		71000
24			30		Personal Property Tax.		
24	9. Name and Address of Curren		1001		10. Name and Address of New Registere	d Agent	
			81	Name			
	ro, thomas m		82	N C4 Add	ress (P.O. Box Number is Not Acceptable)		
2225 S. KISSINGEN			84	Street Addr	ess (P.O. Box Number is Not Acceptable)		ļ
BART	TOW FL 33830		83	3			
	•		ļ	<u> </u>			
			84	City	F.	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abov	e-named corp	oration submits this statement for the purpose of	of changing its	egistered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was a	uthorized by	the corporation	on's board of directors. I hereby accept the app	ointment as reg	istered
_	in familiar with, and accept the conga-	aona or decisor our socia, i loi	ilia Oldidio	.			
SIGŅATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registøred Age	ent signature require	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	☐ DELETE		1.1 TITLE			Change	☐ Addition
NAME	HUTTO, THOMAS M		1.2 NAME				ł
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY-ST-ZIP				
TITLE	V DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME	TAKACH, ANDREW A		2.2 NAME				
STREET ADDRESS	2225 S KISSINGEN AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL		2.4 CITY-ST-ZIP		The state of the s		
TITLE	T DELETE		3.1 TITLE			Change	☐ Addition
NAME	MARKHAM, RICHARD D		3.2 NAME				
STREET ADDRESS	\ 		3.3 STREET ADDRESS				ļ
CITY-ST-ZIP	BARTOW FL 33830		3.4. CITY-ST-ZIP				
TITLE	DELETE		4.1 TITLE			Change	Addition
NAME	•		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				ļ
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	B		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	Į.			ļ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			Address:
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME : 114	g t		6.2 NAME	ì			}
STREET ADDRESS	Secretarian Secret			TADDRESS			1
CITY ET 7ID . I			64 CITY-5	st7IP I			

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:

3/23/99 (941)
Date David

533 - 7074 Daytime Phone # :R2E034 (11/98)