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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90179 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000058138

1. Corporation Name

FRED NEUMANN, INC.

Principal Place of Business

 2951 SE DALHART RD
 PT ST LUCIE FL 34952
 US

Mailing Address

 2951 SE DALHART RD
 PT ST LUCIE FL 34952
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1993

4. FEI Number

65-0435950

Applied For

Not Applicable

5. Certificate of Status Desired ☐
\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐
\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2575 SE GOWIN DR

Suite, Apt. #, etc.

22 PT ST LUCIE FL

City & State

23 34952 ST LUCIE

Zip

Country

24

25

2a. Mailing Address

26 2575 SE GOWIN DR

Suite, Apt. #, etc.

27 PT ST LUCIE FL

City & State

28 34952 ST LUCIE

Zip

Country

29

30

9. Name and Address of Current Registered Agent

 NEUMANN, FRED
 1413 SOUTHWEST HUTCHINS STREET
 PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

 81 Name **FRED NEUMANN**
 82 Street Address (P.O. Box Number is Not Acceptable)
2575 SE GOWIN DR
 83
 84 City **PT. ST. LUCIE** **FL** 85 Zip Code **34952**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE **D** ☒ DELETE
 NAME **NEUMANN, FRED**
 STREET ADDRESS **1413 SOUTHWEST HUTCHINS STREET**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

 TITLE ☐ DELETE
 NAME **FRED NEUMANN**
 STREET ADDRESS **2575 SE GOWIN DR.**
 CITY-ST-ZIP **PT. ST. LUCIE, FL 34952**

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
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 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

 2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

 4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 4/29/99 561-879-6200
 Date Daytime Phone #

CR2E034 (11/98)