Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90044 032 ***150.00

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 # P9300062073

1. Corporation Name

BENNETT BROTHERS INVESTMENTS, INC.

Principal Place of Business Mailing Address								1 19811981 113 12128 11111 98111 981	., 20111 20112 1		, 1666
112 E. 3RD CT.			P.O. BOX 2422								
PANAMA CITY FL 32401			PANAMA CITY FL 32402					DO NOT WRIT	E IN THIS	SPACE	
								3. Date Incorporated or Qualifed	<u> </u>	3FAQL	
								09/01/1993			
2 Dringingt D	In of Projects	20	Mailing Address				<u></u>	4, FEI Number		T A	pplied For
2. Principal Place of Business			⊢ , *					59-3203030			ot Applicable
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc. :					39 3203030			Additional
22 Suite, Apt. #, etc.			27				-	5. Certificate of Status Desired	□.		equired
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
Zip	Country	\rightarrow	Zip	Co	untry		_	8. This corporation owes the curre	nt vear Inta	angible	
24	25	29		30	•			Personal Property Tax.		Yes	□No
241	9. Name and Address of Currer		ered Agent	1001	T			10. Name and Address of New R	egistered /	Agent	
					81	Nan	ne				
BENNETT, DERRICK					82						
112 E. 3RD CT.						Stre	et Addre	ess (P.O. Box Number is Not Accepta	Die)		
PANAMA CITY FL 32401						-					
	•										
					84	City			FL	85 Zip	Code
44 Bussiant	to the provisions of Sections 607 060	2 and 60	7 1509 Florida Statut	oe the	above	e-nam	ed como	pration submits this statement for the		changing it	s registered
office or r	egistered agent, or both, in the State	of Florid	a. Such change was a	iuthorize	ed by	the co	rporatio	n's board of directors. I hereby accep	t the appoir	tment as r	egistered
agent. I a	m familiar with, and accept the obliga	itions of,	Section 607.0505, Flo	nda Sta	itutes.						
SIGNATURE			(5)075	. Dominton	Agon	at clanati	oo canulrad	i when reinstating)	DATE		{
12.	Signature, typed or printed name of registered age OFFICERS AN					it aignate	ire raquirac	ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
TITLE	P	<u></u>	□ DELETE	_	TITLE					Change	Addition
NAME	BENNETT, NEEL				NAME						-
	15606 W. HIGHWAY 98A					T ADDRE	90				
STREET ADDRESS	PANAMA CITY BEACH FL						33				ĺ
CITY-ST-ZIP	S S		[] DELETE	_	CITY-SI TITLE	1-212				Change	Addition
TITLE	1 -	· 1					1			—	
NAME	BENNETT, DERRICK				NAME		[ļ
STREET ADDRESS	112 E. 3RD COURT			-		ADDRE	SS				• • •
CITY-ST-ZIP	PANAMA CITY FL		D belete	_	CITY-S	ST-ZIP				☐ Change	Addition
TITLE	DESTRUCTE AND E		☐ DÉLETE		TITLE		1.				
NAME	BENNETT, MIKE				NAME		- 1				
STREET ADORESS	15606 W. HIGHWAY 98A					ADDRE	SS				
C/TY-ST-Z/P	PANAMA CITY BEACH FL		(Tablette	_	CITY-S	T-ZIP	_			☐ Change	Addition
TITLE			☐ DELETE		ΠTLE					∐ Change	
NAME				4. 2	NAME						-
STREET ADDRESS				4.3	STREET	T ADDRE	ss [j
CITY-ST-ZIP				4.4	CITY-S	T-ZIP					
TITLE			☐ DELETE		ΠLΕ					Change	Addition
NAME					NAME		-				l
STREET ADDRESS						T ADDRE	SS				ł
CITY-ST-ZIP					CITY-S	T-ZIP					
TITLE			☐ DELETE		TITLE					☐ Change	☐ Addition
NAME	• •			6.2	NAME		1				}
STREET ADDRESS				6.3	STREET	TADDRE	SS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP