

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90138 022 ***150.00

DOCUMENT # P93000072661

1. Corporation Name
NEAT AS A PIN, INC.



Principal Place of Business
**561 MINNEOLA AVENUE
CLERMONT FL 34711**

Mailing Address
**561 MINNEOLA AVENUE
CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **1153 Tenth Street**
Suite, Apt. #, etc.
22 **"H"**
City & State
23 **CLERMONT FL**
Zip
24 **34711** 25 **USA**

2a. Mailing Address
26 **PO Box 120865**
Suite, Apt. #, etc.
27 **C**
City & State
28 **CLERMONT FL**
Zip
29 **34712** 30 **BUSA**

3. Date Incorporated or Qualified

10/11/1993

4. FEI Number

59-3203851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HUTCHINSON, REBECCA W
561 MINNEOLA AVENUE
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name **ROBERT D. GATTON**
82 Street Address (P.O. Box Number is Not Acceptable)
390 N. ORANGE AVENUE, SUITE 1100
83
84 City **ORLANDO** FL 85 Zip Code **32801**

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 *Robert D. Gatton*
signature, typed or printed name of registered agent and title if applicable

ROBERT D. GATTON

(NOTE: Registered Agent signature required when reinstating)

4/28/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, REBECCA W	
STREET ADDRESS	561 MINNEOLA AVE.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, JAMES A JR	
STREET ADDRESS	561 MINNEOLA AVE.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2096 Coleman Rd.
1.4 CITY-ST-ZIP	Cornersville, TN 37047
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2096 Coleman Rd.
2.4 CITY-ST-ZIP	Cornersville, TN 37047
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rebecca W. Hutchinson*
signature and typed or printed name of signing officer or director

4/21/99
Date

Date

Daytime Phone #

931-293-4607

CR2E034 (11/98)

0562286