

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

05-05-1999 90138 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1153 Tenth Street		2a. Mailing Address 26 PO Box 120865		3. Date Incorporated or Qualified 10/11/1993	
22 Suite, Apt. #, etc. "H"		27 Suite, Apt. #, etc. C		4. FEI Number 59-3203851	
23 City & State CLERMONT FL		28 City & State CLERMONT FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34711		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip 34712		30 Country BUSA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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		85 Zip Code 32801		86			

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* **ROBERT D. GATTON** DATE **4/28/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUTCHINSON, REBECCA W		1.2 NAME	
STREET ADDRESS 561 MINNEOLA AVE.		1.3 STREET ADDRESS 2096 Coleman Rd.	
CITY-ST-ZIP CLERMONT FL 34711		1.4 CITY-ST-ZIP Cornersville, TN 37047	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUTCHINSON, JAMES A JR		2.2 NAME	
STREET ADDRESS 561 MINNEOLA AVE.		2.3 STREET ADDRESS 2096 Coleman Rd.	
CITY-ST-ZIP CLERMONT FL 34711		2.4 CITY-ST-ZIP Cornersville, TN 37047	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* **REBECCA W. HUTCHINSON** DATE **4/21/99** DAYTIME PHONE **931-293-4607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)