

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 24, 1999 8:00 am**  
**Secretary of State**

09-24-1999 90001 009 \*\*\*150.00

0010024

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000082772** ✓  
1. Corporation Name  
**THE CARTRIDGE FAMILY, INC.**



Principal Place of Business  
**6608 NW 136TH STREET  
GAINESVILLE FL 32653  
US**

Mailing Address  
**6608 NW 136TH STREET  
GAINESVILLE FL 32653  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/03/1993**

2. Principal Place of Business  
21 **1510 N.W. 71st Street**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **1510 N.W. 71st Street**  
Suite, Apt. #, etc.

4. FEI Number  
**59-3214908**  
Applied For  
☐ Not Applicable

22 City & State  
23 **Gainesville, FL**

27 City & State  
28 **Gainesville, FL**

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

24 Zip **32605** 25 Country **Alachua**

29 Zip **32605** 30 Country **Alachua**

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

9. Name and Address of Current Registered Agent

**ORWICK, KURT  
6608 NW 136TH STREET  
GAINESVILLE FL 32653**

10. Name and Address of New Registered Agent

81 Name **Kurt Orwick**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1510 N.W. 71st Street**  
83  
84 City **Gainesville** FL 85 Zip Code **32605**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	ORWICK, KURT	
STREET ADDRESS	6608 NW 136TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ORWICK, NANCY W	
STREET ADDRESS	6608 NW 136TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kurt Orwick	
1.3 STREET ADDRESS	1510 N.W. 71st Street	
1.4 CITY-ST-ZIP	Gainesville, FL 32605	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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.

SIGNATURE:

**Kurt Orwick**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-99

Date

352-378-1974

Daytime Phone #

CR2E034 (5/99)

9-16-99

P93000082772

619488-90001

To Whom it may Concern:

The first notice of this document was never received even though a change of address had been made.

As per phone conversation with FL. Dept. of State, I am enclosing a check for \$ 150.00

Sincerely,  
*Kurt Orwick*

Kurt Orwick  
President  
The Cartridge Family, Inc