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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083288

1. Corporation Name

ROYAL FERN MANAGEMENT CO.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90016 024 ***150.00



·,									;
Principal Place	e of Business	Mailing Address				- 1 (04)(05) (10 16)88 (111) 08/1(20)(90)(80/1		19101 1011 1001	
2004 ROYAL FERN CT P.O. BOX 178						Į.			
PALM CITY FL 34990 EDGEMONT PA 19028						DO NOT WRITE IN THE CRACE			
ł						DO NOT WRITE IN THI	S SPACE		1
)						3. Date Incorporated or Qualifed 12/06/1993			
2. Principal P	lace of Business	2a. Mailing Address			~~~	4. FEI Number	Ap	plied For	
21		26				65-0455504	No	t Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certifcate of Status Desired	\$8.75		
22		27				5. Certificate of Status Desired	Fee Re	iquired====	-
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	•	
23		28	_		,	Trust Fund Contribution	Added t	to Fees	ļ
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Ir		157 LL	Ì
24	25	29	30			Personal Property Tax.	Yes	☑No	ł
\	9. Name and Address of Curre	nt Registered Agent		81 Na		10. Name and Address of New Registered	Agent		}
CORPORATION INFORMATION SERVICES INC.				oi iva	пе				
1201 HAYS STREET		410 <u>2</u> 3 1140.	Ì	82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		,]
	AHASSEE FL 32301			-					ł
1711	LATIAGGEE PE 32301			83					1
]				84 Cit	у	F	85 Zip (Code	
i L								rogistored	ļ
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboroffice or registered agent, or both, in the State of Florida. Such change was authorized by					ned corpo corporation	ration submits this statement for the purpose to h's board of directors. I hereby accept the appo	ointment as re	gistered	}
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fl	orida Statu	ites.	•				
SIGNATURE									ı
						DATE			۔ ا
	Signature, typed or printed name of registered age			Agent signs	ture required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	g
12.	OFFICERS A	ND DIRECTORS	13.		ture required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12	11/08)
12.	OFFICERS A		13. 1.1 TIT	LE	tura required	471011101101101111B)			(11/98)
12. TITLE NAME	OFFICERS AI PD CHANDLER, JOSEPH W	ND DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME		471011101101101111B)			
12. TITLE NAME STREET ADDRESS	OFFICERS A PD CHANDLER, JOSEPH W 2004 ROYAL FERN CT	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	LE ME RÉET ADOR		471011101101101111B)			E032
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PD CHANDLER, JOSEPH W	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CII	LE ME REET ADOR Y-ST-ZIP		471011101101101111B)			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A PD CHANDLER, JOSEPH W 2004 ROYAL FERN CT	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	LE ME RÉET ADOR Y-ST-ZIP LE		471011101101101111B)	☐ Change	☐ Addition	E032
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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 chapter on an attachment with an address, with all other like empowered.