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 # P93000084582

1. Corporation Name

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90052 022 ***150.00

					_				
Principal Place	e of Business	Mailing Address							
4300 N. MERIDIAN P.O. BOX 14206 TALLAHASSEE FL 32312 TALLAHASSEE FL 32317			17			DO NOT WRITE IN 1	THIS SDACE		
							HIS SPACE		7
						3. Date Incorporated or Qualifed 12/10/1993			
2. Principal P	lace of Business	2a. Mailing Address			_	4. FEI Number		pplied For]
21		26			_	59-3226069		ot Applicable	┨
Suite, Apt.	#, etc. ~ ~ ~ ~ ~ ~	Suite, Apt. #, etc.			-7 %	5. Certificate of Status Desired	•	Additional equired	-
City & Stat		City & State				6. Election Campaign Financing		May Be	-
23	G	28				Trust Fund Contribution	-	to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes the current year	r Intangible		7
24	25	29	30			Personal Property Tax.	☐Yes	™ No	╛
'	9. Name and Address of Curr	ent Registered Agent		ļ ,		10. Name and Address of New Registe	red Agent		4
100	CTT TOTAL O			81 Na	me				
	ett, John C E college ave			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)			1
	E 1200			100	_				-
	LAHASSEE FL 32301			83					1
IALL	LANAGOLL PL 02001			84 Cit	y	,	FL 85 Zip	Code	1
44 0	to the provisions of Costions 607.0	502 and 607 1509 Elorida St	otutee the	hove-par	and corno	ration submits this statement for the purpos		s registered	-
Coffice or r	egistered agent or both in the Stat	te of Florida. Such change wa	as authorize	d by the c	orporation	n's board of directors. I hereby accept the a	ppointment as re	egistered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505,	, Florida Sta	tutes.					
SIGNATURE									}
0,0,0,0,0	Clanatura based or printed name of registered 3	gent and title if applicable (I	NOTE: Registere	d Agent signs	ture required	when reinstating) DAT	Ë .		1 5
	Signature, typed or printed name of registered a OFFICERS		NOTE: Registere		ture required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		ORS IN 12	- ∫ 8
12.		gent and title if applicable (I AND DIRECTORS	13.		ture required			ORS IN 12	(11/98)
12.	PST OFFICERS	AND DIRECTORS	13.		ture required		S AND DIRECT		Έ [
12.	OFFICERS /	AND DIRECTORS	13. E 1.1 T 1.2 N	TILE			S AND DIRECT		E034 (11
12. TITLE NAME	PST PHIPPS, COLIN S	AND DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TTLE			S AND DIRECT	Addition	B2E034 (11
12. TITLE NAME STREET ADDRESS	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S 1.4 C	TITLE VAME STREET ADDR CITY-ST-ZIP			S AND DIRECT		B2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	TITLE VAME STREET ADDR CITY-ST-ZIP			S AND DIRECT	Addition	B2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS	13.5 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M	TITLE VAME STREET ADOR CITY-ST-ZIP	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	Addition	B2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS	13.5 1.1.7 1.2.6 1.3.5 1.4.0 E 2.1.7 2.2.6 2.3.5	. TITLE WAME STREET ADOR CITY-ST-ZIP TITLE WAME	ESS		S AND DIRECTION Change	☐ Addition	CR2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS	13. E 1.1 T 1.2 M 1.3 S 1.4 C E 2.1 T 2.2 M 2.3 S 2.44	NTLE STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	Addition	CR2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE	133 E 1.17 1.2N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.44 E 3.17	TITLE STREET ADDR TITLE NAME STREET ADDR CITY-ST-ZIP CITY-ST-ZIP	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change	☐ Addition	CR2F034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE	133 E 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 E 3.1T 3.2N	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change	☐ Addition	CR2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE DELETE	13.5 1.17 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 5 3.1T 3.2N 3.3S 3.4.1	TITLE VAME STREET ADDR STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP CITY-ST-ZIP	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change	Addition	CB2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE	13.5 1.17 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 5 3.1T 3.2N 3.3S 3.4.1	TITLE VAME STREET ADDR TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR VAME STREET ADDR	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change	☐ Addition ☐ Addition ☐ Addition	CB2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE DELETE	133 E 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 E 3.1T 3.2N 3.3S 3.4.1 E 4.1T	TITLE VAME STREET ADDR STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME NAME	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change	Addition	CR2F034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE DELETE	133 E 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.0 4.1T 4.21 4.3S	TITLE VAME STREET ADDR TITLE VAME VAME VAME STREET ADDR STREET ADDR TITLE VAME STREET ADDR TITLE NAME STREET ADDR STREET ADDR STREET ADDR STREET ADDR STREET ADDR	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change	Addition	CB2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE DELETE	133 E 1.1T 12N 13S 14C 2.1T 22N 23S 2.44 3.1T 32N 3.3S 3.4.1 4.21 4.3S 4.40	TITLE VAME STREET ADDR STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change Change Change	Addition Addition	CB2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE DELETE	133 E 1.1T 12N 13S 14C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.1 4.21 4.3S 4.4C	TITLE VAME STREET ADDR STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR STREET ADDR STREET ADDR STREET ADDR STREET ADDR STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change	Addition Addition	CB2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE DELETE	133 E 1.1T 12N 13S 14C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.0 4.1T 4.21 4.3S 4.4C 5.1T 5.2N	TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME VAME	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change Change Change	Addition Addition	CB2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE DELETE	133 E 1.1T 1.2N 1.3S 1.4C 2.21T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.0 4.1T 4.21 4.3S 4.4C 5.1T 5.2N 5.3S	TITLE VAME STREET ADDR STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change Change Change	Addition Addition	CB2E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE DELETE DELETE	133 E 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.0 4.1T 4.21 4.3S 4.4C 5.1T 5.2N 5.3S	TITLE VAME STREET ADDR STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change Change Change Change	Addition Addition Addition Addition	CB2En34 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	PST PHIPPS, COLIN S 4300 N. MERIDIAN	AND DIRECTORS DELETE DELETE	133 1.17 1.28 1.38 1.40 2.17 2.28 2.38 2.44 3.38 3.4.0 4.21 4.38 4.40 5.17 5.28 5.36 5.40 E 6.17	TITLE TAME STREET ADDR TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME	ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change Change Change	Addition Addition Addition Addition	CB2En34 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST PHIPPS, COLIN S 4300 N. MERIDIAN TALLHASSEE FL 32312	AND DIRECTORS DELETE DELETE DELETE	133 1.17 1.28 1.38 1.40 2.17 2.28 2.44 2.38 2.44 3.38 3.4.1 4.21 4.38 4.40 5.17 5.28 5.38 5.40 E 6.11 6.28	TITLE TAME STREET ADDR TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME VAME VAME VAME	ESS - ESS - ESS -	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change Change Change Change	Addition Addition Addition Addition	CB2En34 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	PST PHIPPS, COLIN S 4300 N. MERIDIAN TALLHASSEE FL 32312	AND DIRECTORS DELETE DELETE DELETE	133 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.44 2.3S 3.4.1 4.21 4.3S 4.4C 5.17 5.2N 5.3S 5.4C 6.11 6.2N 6.3S	TITLE TAME STREET ADDR TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME STREET ADDR CITY-ST-ZIP TITLE VAME	ESS - ESS - ESS -	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTION Change Change Change Change	Addition Addition Addition Addition	CB2En34 (11

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.

3-17-99

850 893-3514