FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90189 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088894

1. Corpora ion Name

THE FLUSHMASTER CORPORATION

Principal Place of Business Mailing Address							f iåffifitt iim imimm estet matet	88411 BOTT BUTE	. 18161 (916) (J 1 1 W 1 13 1	111 0101 1001	
10570 FRONT BEACH RD.		10570 FRONT BEACH RD.										
PANAMA CITY BEACH FL 32408 PA		PANAMA CITY BEACH FL	PANAMA CITY BEACH FL 32408			Ì	DO NOT WRITE IN THIS SPACE					
						3. Date	Incorporated or Qualife			—-		
						l l	21/1993	•				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI I			\Box	App i	ied For	
21		26				65-	0461474			Not 4	Applicable	
		Suite, Apt. #, etc.					fcate of Status Desired				ditional	
22		27			J. Certificate of Otolica Busined			Fee Req lired				
City & State		City & State			6. Election Campaign Financing			\$5.00 May Be				
23		_ 28					F and Contribution			ed to	Fees	
Zip	Coun ry	Zip	Cour	ntry		l l	corporation owes the cu	irrent year I i	tangible Yes	Ε.]No	
24	25		30				on at Property Tax.	Registere 1		:	JINO	
	9. Name and Address of Currer	it Registered Agent		81	Name		e and Address of New	itegistere 2	Agent			
HES	S, BRIAN D											
9108 FRONT BEACH RD			ĺ	82	Street A	Address (P.O. B	ox Number is Not Accep	otable)				
	AMA CITY BEACH FL 32407		ŀ	83						—		
				_								
				84	City			FL	85 Z	lip Cc∙	-de	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the ab	ove	named o	co poration subr	nits this statement for th	e purpose of	changing	its re	gistered	
office or re agent. Lar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flor	uthorized rida Statu	by ti ites.	ne corpo	ra ion s board o	r d rectors. I hereby acc	ept the appin	mment as	regra	ilei eu	
SIGNATURE	· · · · · · · · ·											
	Signature, typed or printed name of registered agei		<u> </u>	Agent	signature re	qui ed when reinstatin		DATE	ND DIDEC	TOP	2 INI 12	
12.	P OFFICERS AN	ID DIRECTORS	13. 1.1 T/II	15	—т	ADDI	TICNS/CHANGES TO C	FFICERS F	Chang	_	2 Addition	
TITLE	•	₩ Dettele		1.2 NAME		Tobal	Darrah	_	Onland	,-		
NAME	BRADLEY, JAMES W.			1.3 STREET ADDRESS		2007 14	ケイトノシンハ ノフレ	ve-				
STREET ADDRESS	7318 S LAGOON DR		ر م			Panam	a City, FL.	32401				
CITY-ST-ZIP TITLE	PANAMA CITY BEACH FL	MA CITY BEACH FL		1.4 CITY-ST-ZIP / 2.1 TITLE					14 Chand		Addition	
NAME				2 2 NAME		Chairn	milleu -		_ `	•	_	
STREET ADORESS			2.3 STREET		ADDRESS	Jim DI	adley s. Lagoon Di nx CityBea	\ ^,				
CITY-ST-ZIP			2. 4 GITY- ST-ZIP			12/8	no Pity Res	ch.Fl	329	10%	>	
TITLE		☐ DELETE		3.1 TITLE		- Fusika	102 G/ / EXC	, , , , , , , , , , , , , , , , , , , 	Chan	g e	Addition	
NAME			3.2 NA	ME								
STREET ADDRESS			3.3 STF	REET	ADDRESS							
CITY-ST-ZIP			3.4. CIT	IY-ST	-ZIP							
TITLE	☐ DELETE		4.1 TITLE						Chang	ge	Addition	
NAME			4.2 NA	ME	ļ							
STREET ADDRESS			4.3 STF	REET	ADDRESS							
CITY-ST-ZIP			4.4 CIT	Y-ST-	- ZIP							
TITLE		☐ DELETE	5.1 TITI	LE					Chan	ge	☐ Addition	
NAME			5.2 NA	ME	ļ							
STREET ADDRES 3			5.3 STF	REET	ADDRESS							
CITY-ST-ZIP			5.4 CIT		-ZIP							
TITLE		☐ DELETE	6.1 TiT	LE			·		Chang	зе	☐ Addition	
NAME			6 2 NA	ME								

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 or ritify that the information indicated on this annual report or supplemental a mual 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 e recute 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.