Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90029 043 \*\*\*150.00

## 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 # P94000018925

1. Corporation Name

LANGON	E FAMILY ENTERPRISES, II	NC.								
Principal Place	of Business	Mailing Address					81(1 88(8) 118 <b>5</b> )	JESSE SESSE	1881 Bill 1881	
8102-1 BLANDING BLVD.  JACKSONVILLE FL 32244  US  B102-1 BLANDING BLVD.  JACKSONVILLE FL 32244  US  US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						03/10/1994			-	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
21	acco of Bacilloop	26				59-3230260		- Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	j <b>\$</b>	\$8.75 Additional Fee Required		
City & State City & State 28						Election Campaign Financing     Trust Fund Contribution	ם.	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current	vear Intandi	ble		
24	25	29	30	•		Personal Property Tax.			□No	
	9. Name and Address of Current					10. Name and Address of New Reg	stered Age	nt		
				81	Name				İ	
MERCIER, LEE F 200 W. FORSYTH ST.			ļ	82	Street Addre	ess (P.O. Box Number is Not Acceptable	)			
#1020			<u> </u>	83						
`JACKSONVILLE FL 32202			}	84	City	City FL 85 Zip Code				
agent. I a	m familiar with, and accept the obligati	and title if applicable. (NOTE:	Registered /	nes.	signature required		DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC				
πιε			1.1 म्हा	1.1 TITLE				Change	Addition	
NAME	LANGONE, ANTHONY		1.2 NAME						1	
STREET ADDRESS	1189 PARK AVE. NORTH		1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	WINTER PARK FL		1.4 C/TY-ST-Z/P		-ZIP			Change	Addition	
TITLE	DV DELETE 2.11		2.1 TIT	2.1 TITLE			Ц	Change	☐ Addition	
NAME	LANGONE, JOSEPH 221			2.2 NAME		_	_	٤		
STREET ADDRESS	400 GIM I GINDSIMILE CITO		1	2.3 STREET ADDRESS						
CITY-ST-ZIP	Contract of the contract of th		_	2. 4 CITY-ST-ZIP  3.1 TITLE				Change	Addition	
πŒ,	Ur _ ·							Onlange		
NAME	LANGONE, INIOINEE		3.2 NA		1000500					
STREET ADDRESS	0.0 C. 1 ( the local Disc.		1		ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	3.4. CITY 4.1 TITLE		- ZIP			Change	Addition	
TITLE			4. 2 NA				_	•	_ \	
NAME					ADDRESS					
STREET ADDRESS										
CITY-ST-Z/P			_	4.4 CITY-ST-ZIP 5.1 TITLE				Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS			5.3 STF	REET /	ADDRESS					
CITY-ST-ZIP			5.4 CFT		l					
TITLE DELETE 6.1 T			6.1 TIT	LE	<u> </u>			Change	☐ Addition	
			62 NA	k #E	1					

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 appress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

904-779-1933