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 # 1. Corporation Name

00002255

<u> </u>							
Principal Place of Business	Mailing Address						
178 W. River R.	1						
Palatka, FL 32177			DO NOT WRITE IN THIS SPACE				
1910tka, FL SL	X			3. Date Incorporated or Qualified			
Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For	
21	26		7	253258181		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	-	5 Additional Required	
City & State	City & State			6. Election Campaign Financing	\$5.0)0 May Be	
23	28			Trust Fund Contribution -	- Add	ed to Fees~	
Zip Country	Zip Cou	intry		8. This corporation owes the current ye	ear Intangible	\ .	
24 25	29 30			Personal Property Tax.	☐ Yes	Æ No	
Name and Address of Current Registered Agent			1	10. Name and Address of New Registered Agent			
Clifton L. To	hnson	81	Name				
178 W. River Rd Palatka, FL 32177		82	Street Address	ss (P.O. Box Number is Not Acceptable)			
		83					
MATRA, PL.	24111	84	City		FL 85 Z	ip Code	
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 broad or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE							

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 TITLE 1.2 NAME NAME W. River RG 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP **X**DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE ~ G 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE

4. 2 NAME

STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

DELETE

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 agrattachment with an address, with all other like empowered.

61 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

☐ Addition

Addition

May 13, 1999 8:00 am Secretary of State

05-13-1999 90009 050 ***150.00

CR2E034 (11/98