### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

### DOCUMENT # P94000024411 1. Corporation Name

NEELI W.	CELLY PHOPERITES, 1	110.								
Principal Place of Business Mailing Address					•	A 100 H00 t tto total drait ontil anny anit anit anit				
RT 1 BOX 254 MONTICELLO FL 2 US	23244	RT 1 BOX 254 MONTICELLO FL 2324 US	14			DO NOT WRITE IN THIS SPACE				
00		•				3. Date Incorporated or Qualifed 03/30/1994				
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number 59-3242191				
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5				
Zip 24	Country 25	Ζiρ <b>29</b>	Соці <b>30</b>	ntry		8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name	•				
KELLY, PAMELA RT 1 BOX 147-A				82	Street Address (P.O. Box Number is Not Acceptable)					
LAMONT FL 32336				83						
				84	City	FL  85				

# **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90156 041 \*\*\*150.00



Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Yes

	DON THE A									
LAM		83		***						
			84 Ci	•				FL	85 Zip Ci	**.
office or r	to the provisions of Sections 607.0502 and 607.1508, Flor egistered agent, or both, in the State of Florida. Such char m familiar with, and accept the obligations of, Section 607	nge was authorized	by the	med corp corporati	oration submit on's board of o	s this statem lirectors. I he	ent for the pur reby accept the	rpose of cha ne appointm	anging its r lent as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered	Agent sign	nature require	ed when reinstating)			DATE		
12.	OFFICERS AND DIRECTORS	13.			ADDITIO	ONS/CHANG	ES TO OFFIC	ERS AND I	DIRECTOR	IS IN 12
TITLE	P	DELETE 1,1 TIT	le			-			] Change	☐ Addition
NAME	KELLY, BARRY P	1.2 NA	ME	-						
STREET ADDRESS	DT 4 BOY 447 A	1.3 ST	REET ADD	RESS						
CITY-ST-ZIP	LAMONT FL 32336	1.4 CI	IY-ST-ZIP	·						
TITLE		DELETÉ 2.1 TR	LE						] Change	☐ Addition
NAME	KELLY, PAMELA	2.2 NA	ME							
STREET ADDRESS	RT 1 BOX 147-A	2.3 ST	REET ADD	RESS						
CITY-ST-ZIP	LAMONT FL 32336	2. 4 C	TY-ST-ZIF	P						
TITLE		DELETE 3.1 TΠ	TLE					٤.	] Change.	Addition
NAME		3.2 NA	ME							
STREET ADDRESS		3.3 ST	REET ADD	RESS						
CITY-ST-ZIP			TY-ST-ZIF	>						
TITLE		DELETE 4.1 TIT	ILE .					Ĺ	] Change	☐ Addition
NAME		4. 2 N	AME		٠,٠					
STREET ADDRESS		4.3 ST	REET ADD	RESS						~ .
CITY-ST-ZIP			TY-ST-ZIP	·		11.17		<u> </u>	- · · · · ·	
TITLE		DELETE 5.1 TI						L	_ Change	Addition
NAME		5.2 NA								
STREET ADDRESS			REET ADD							
CITY-ST-ZIP			fy-ST-ZIP	,					7 Change	☐ Addition
TITLE	<u></u>	DELETE 6.1 TH			·	200 - <del>4-</del>	*		⊡ Change	Accumon
NAME	`^	62 NA					y 10 15 minute 2 1 minute 1 mi			
STREET ADDRESS			REET ADD				ا الله المنطوع		<u></u>	
CITY-ST-ZIP	certify that the information supplied with this filing does not		TY-ST-ZIP		Castian 440 03	(2)(i) Ela-i-l-	Ctatutas I fo	ther carlis	that the in	formation
14. I hereby (	certify that the information supplied with this filing does not	quality for the exe	HIDRION S	siated in a	360001 119.0 <i>1</i>	(3)(I), FIUNDA	GLEIGHES. I IU	TOTAL CELLINY	miat nid ili	Officiation

indicated on this annual report or supplied with an army does not quality for the exemption stated in Section 119.07(5)(f), include a called annual report is 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 of 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. officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachmen

SIGNATURE: