## 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	P94000030223
BEST BET, INC.	

Principal Place of Business

Mailing Address

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90114 049 \*\*\*150.00



	f Business	14000N DD						
117 ROCA LAGOUN Un		117 BOCA LAGOON DR PANAMA CITY BEACH FL 32408			DO NOT WRITE IN THIS SPACE			
PANAMA CITY BEACH FL 32408					3. Date Incorporated or Qualifed			
					04/18/1994			
					4. FEI Number		plied For	
2. Principal Plac	e of Business	2a. Mailing Address			59-3240021	No	t Applicable	
¬		26				8.75 A	Additional	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	quired	
<b>–</b>		27			6. Election Campaign Financing	\$5.00	May Be	
City & State		City & State			6. Election Campaign Financing  Trust Fund Contribution	Added 1	o Fees	
~ <b>~</b>		28		<del></del>	This corporation owes the current year Intangian	ible	_	
Zip	Country	Zip	Country	′	Personal Property Tax.	Yes	□No	
_		29 30	<u> </u>		10. Name and Address of New Registered Age	ent		
24	9. Name and Address of Current	Registered Agent	81	Name			ļ	
	<del></del>			1 '	- LL-LA-contable)			
MILEY	, ROBERT L.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
117 B	SOCA LAGOON DR		-					
PANA	MA CITY BEACH FL 32408		83	3			Codo	
,			84	4 City	FL \	85 Zip	Code	
				<u></u>		anging it	s registered	
	the remisions of Sections 607 0502	and 607.1508, Florida Statutes,	, the abo	ve-named corp	on's board of directors. I hereby accept the appointment	nent as r	egistered	
11. Pursuant to	egistered agent, or both, in the State	of Florida, Such change was autr	norized b la Statut∈	ss.	poration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointn		Ì	
agent. I ar	or the provident, or both, in the State of t						\	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Ag	ent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
	Signature, typed or printed name of registered ago.	D DIRECTORS	13.		ADDITIONS/CHANGES TO OTT TO END TO THE	Change	Addition	
12.		☐ DELETE	1.1 TITLE	! }			l l	
	D			_ \			1	
TITLE			1.2 NAM	-			\	
NAME	MILEY, ROBERT L			EET ADDRESS				
i i	MILEY, ROBERT L 117 BOCA LAGOON DR	no		EET ADDRESS		Change	e Addition	
NAME	MILEY, ROBERT L	08	1.3 STRI	EET ADDRESS		☐ Chang	e Addition	
NAME STREET ADDRESS	MILEY, ROBERT L 117 BOCA LAGOON DR	08	1.3 STRI 1.4 CITY	EET ADDRESS '-ST-ZIP E		☐ Chang	e Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MILEY, ROBERT L 117 BOCA LAGOON DR	08	1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM	EET ADDRESS  '-ST-ZIP  E  KE		☐ Chang	e Addition	
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: