**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400030670 1. Corporation Name

FLYNNS DRIVE SERVICE INC.

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90053 048 \*\*\*150.00



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Principal Place	of Business	Mailing Address					idalı diğli balaldı	ill <b>qu</b> lle <b>calo</b> e	allet <b>al</b> eit <b>a d</b> eiti	IACKI ABII IBAI
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į						04/20/1994	34 01 <b>Q</b> 0000			ļ
2 Principal Pl	lace of Business	2a. Mailing Addr	ress	_		4. FEI Number			Ar	oplied For
	acc of Business	26				59-3263664			N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #	, etc.				. 5 : 1		\$8.75	Additional
22		27				5. Certifcate of Sta	tus Desirea		Fee R	equired
City & State		City & State			6. Election Campa	ign Financing		\$5.00	May Be	
23		28				Trust Fund Con	tribution		Added	to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Intangible					
24	25	29	30			Personal Proper	<del>-</del>		☐ Yes	□ No
	9. Name and Address of Curren	t Registered Agent		- B4	N	10. Name and Add	ress of New F	Registered	Agent	
FIVE	IN WE			81	Name					
	NN, W.E. NNS DRIVE SER.	·	•			dress (P.O. Box Number	ss (P.O. Box Number is Not Acceptable)			
	LOWN STREET NORTH			83						<del></del>
	PETERSBURG FL 33714			0.3						
31.1	FEILINGBORG I E 337 14			84	City			FL	85 Zip	Code
<u></u>	to the provisions of Sections 607.050:	- 1007 1500 Fi	(-) - O4 - 44 4b -			maratian submits this sta	tomant for the		changing its	registered
l office or n	policiered agent or both in the State (	of Florida, Such char	ide was authoriz	zed DV (	ine corborat	tion's board of directors.	I hereby accep	ot the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.	0505, Florida St	tatutes.						İ
SIGNATURE	Ol the bank of a distance of a distance of an all the second or all t	at and title if applicable	(NOTE: Perieter	arnd Anent	signature AGUE	red when reinstating)		DATE		
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14. 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ellie Engere Flyns