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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000038915

1. Corporation Name

BETTER EFFORTS, INC.

Principal Place of Business Mailing Address						14119 at 114 (Att) g121) b411 (18::: 18::: 88:4 8 ::		
39054 ROSE STREET 39054 ROSE STREET									
UMATILLA FL 32784 UMATILLA FL 32784					1	DO NOT WRITE IN THIS SPACE			
US US					3 Date In	3. Date Incorporated or Qualifed			
					05/24	•	u		ļ
2 Dainainal Di	ace of Business	2a. Mailing Address			4. FEI Nu		_	T Ar	plied For
	ace of business	26				44492			t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional
22					5. Certifca	ate of Status Desired		7	equired
	City & State City & State				6. Election	n Campaign Financing		\$5.00	May Be
23	28					und Contribution	" <u> </u>	Added	
Zip	Country Zip Co			ry	8. This co	orporation owes the cu	ment year Inta		
24	25 29 30				Person	al Property Tax.		Yes	□No
Name and Address of Current Registered Agent					10. Name	and Address of New	Registered A	igent	
0514	THEO LAWDENCE I		8	1 Name					
SEMENTO, LAWRENCE J				2 Street	Address (P.O. Box	Number is Not Accep	otable)		
531 NORTH BAY ST.									
EUSTIS FL 32726			8	3					
			E	4 City				85 Zip (Code
							F <u>L</u>	<u> </u>	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut	horized t	y the corpo	corporation submit oration's board of d	s this statement for the firectors. I hereby acc	ept the appoin	manging its tment as re	registered egistered
SIGNATURE		ANOTE: E	Panistarna A	ant signature r	novired when reinstating)		DATE		
organization (y)post of participants and				stered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE			1,1 TITLE		7.55///	<u></u>		☐ Change	☐ Addition
NAME	BARMORE, THOMAS			E					
STREET ADDRESS	35601 OLD POST OFFICE LANE		1,3 STRI	ET ADDRESS					
CITY-ST-ZIP	ELIOTIO EL COTO		1.4 CITY	- ST- ZIP	1				}
TITLE			2.1 TITLI					Change	Addition
NAME	RIGGS, JOSEPH 2221		2.2 NAM	E					{
STREET ADDRESS	39054 ROSE STREET		2.3 STR	ET ADDRESS					ĺ
CITY-ST-ZIP	UMATILLA FL 32784		2, 4 CITY	-ST-ZIP				· 	·
TITLE	DS DELETE 3.1		3,1 TITLE	•				☐ Change	Addition
NAME	RIGGS, TERESA		3.2 NAM	E					
STREET ADDRESS	39054 ROSE STREET		3.3 STRI	ET ADDRESS					
CITY-ST-ZIP	UMATILLA FL 32784		3.4. CIT	-ST-ZIP	· .	<u> </u>			
TITLE	DT	☐ DELETE	4.1 TITL	=				☐ Change	☐ Addition
NAME	BARMORE, BETSY		4. 2 NAN	Œ					
STREET ADDRESS	35601 OLD POST OFFICE LANE		4.3 STR	EET ADDRESS					
CITY-ST-ZIP	EUSTIS FL 32736			-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL					Change	☐ Addition
NAME			5.2 NAM	E					

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 an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: 2

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Addition

Change