## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 90 AUS 17 AM 9: 15 ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS ...LA. E. FLORIDA **DOCUMENT #** P94000043492 ENDEEN, CORPORATION Principal Place of Business Mailing Address 11406 ZENITH CIR. TAMPA FL 33635 11405-ZENITH-CIR TAMPA FL 33835 17550 ELDAKWOOD LOOP 17550 CEMARWOODLOOP DO NOT WRITE IN THIS SPACE LUTZ FL. 33549 3. Date Incorporated or Qualified LUTZ FL. 33549 06/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3211875 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country B. This corporation owes the current year Zip Ζip Yes ☐ No 24 25 29 30 Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERGUSON, ENID 82 Street Address (P.O. Box Number is Not Acceptable) 11405 ZENITH CIR **TAMPA FL 33635** 83 City 84 85 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOT€ Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE Change Addition FERGUSON, LLOYD NAME 1.2 NAME 11405 ZENITH CIR STREET ADDRESS 13 STREET ADDRESS TAMPA FL 33635 CITY-ST-ZIP 1.4 CITY-ST-ZIP 500002969B45--B -08/25/99--01071--015 TITLE 2 1 TITLE DELETE FERGUSON, ENID NAME 2 2 NAME 11405 ZENITH CIR STREET ADDRESS 2 3 STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 TAMPA FL 33635 CITY-ST-ZIP 24 CITY-ST-ZIP Change Addition TITLE DELETE 3 1 TITLE FERGUSON, BRYAN A NAME 3.2 NAME 11405 ZENITH CIR STREET ADORESS 3 3 STREET ADDRESS TAMPA FL 33635 CITY-ST-ZIP 3 4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition FERGUSON, NADEEN M NAME 4 2 NAME 11405 ZENITH CIR STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 33635 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the experient 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 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 application in Block 12 or Block 13 if changed, or on an attack of the corporation of the corpor

5 3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 63 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

Change Addition

CR2E034 (5/99)



Six/Madam

Phoen note that We removed from

Out Privious address nearly 2 years now

and we did not Get the first Notice

I am asking that our to. Be

Neinstated

Ristectifully your. Doys B. Felauson.

Lunz 335V9
1<del>1405 Zenith Circle •</del> T<del>ampa</del>, FL <del>33635</del> • <del>813/891-651</del>2
17650 @dalweed Loop