PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069754 1. Corporation Name

VERNON N. DRAKE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
103 SOUTH 10TH STREET	103 South 101h Street
FERNANDINA BEACH FL 32034	Fernandina Beach FL 32034

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90094 013 ***150.00



FERNANDINA BEACH FL 32034		FERNANDINA BEACH FL 32034			DO NOT WRITE IN THIS SPACE					
					,	1	Date Incorporated or Qualifed 09/21/1994			
2. Principal Pi	lace of Business	2a. Mailing Address				4.	FEI Number	$\prod i$	Applied For	
21		26				l _	59-3306266		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Certificate of Status Desired		Additional	
22	,	27				3.	Certificate of Status Desired	Fee l	Required	
City & State	e	City & State				6.	Election Campaign Financing	\$5.0	0 May Be	
23		28				l	Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Country	у		8.	This corporation owes the current year Intang		_ :	
24	25	29	30				1 Croomar reporty rum] Yes	□No	
	9. Name and Address of Current	t Registered Agent				10.	Name and Address of New Registered Ag	ent		
0041	VE VEDNON N		81	י וי	Name				ļ	
	KE, VERNON N		82	2 5	Street Addres	ss (P.	O. Box Number is Not Acceptable)			
	SOUTH 10TH STREET									
FERM	NANDINA BEACH FL 32034		83	3						
			84	1 6	City			85 Zi	p Code	
			{	Ί.	•		FL	``['		
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was au ions of, Section 607.0505, Flori	es, the above thorized by ida Statute:	ve-n y the s.	amed corpor e corporation	ration 's bo	n submits this statement for the purpose of choord of directors. I hereby accept the appointment	anging nent as	its registered registered	
SIGNATURE										
	Signature, typed or printed name of registered agen			ent sk	gnature required w			DIDEO:	TODE IN 42	
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OFFICERS AND	Chang		
TITLE	D	☐ DELETE	1.1 TITLE				L		e	
NAME	DRAKE, KATHLEEN W		1.2 NAME		1					
STREET ADDRESS	103 SOUTH 10TH STREET		1.3 STREE						•	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		1.4 CITY-5	ST-Z	,IP			7.05	Addition	
TITLE	D	DELETE	2,1 TITLE				L] Chang	e 🔲 Addition	
NAME	DRAKE, VERNON N		2.2 NAME						ì	
STREET ADDRESS	•		2.3 STREE	ETAD	XORESS					
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		2. 4 CITY-	ST-Z	ZIP				(T) A 1 100 -	
TITLE -		· DELETE	3.1 TTTLE		,		· L] Chang	e 🗌 Addition	
NAME			3.2 NAME							
STREET ADDRESS	,		3.3 STREE	ET AD	DRESS					
CITY-ST-ZIP			3.4. CITY-	ST-Z	ZIP					
TITLE		☐ DELETE	4.1 TITLE					_ Chang	e Addition	
NAME			4, 2 NAME	Ξ						
STREET ADDRESS			4.3 STREE	ET AC	ODRESS		•			
CITY-ST-ZIP			4.4 CITY-	ST-ZI	:IP					
TITLE		☐ DELETE	5,1 TITLE				[] Chang	e Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	ET AD	ODRESS					
CITY-ST-ZIP			5,4 CITY-	ST-ZI	.IP _					
TITLE		☐ DELETE	6.1 TITLE] Chang	e 🔲 Addition	
NAME .			6.2 NAME		1					
STREET ADDRESS			6.3 STREE	ET AD	DORESS					
OTTY OT 710			6.4 CITY-5	ST-Z	IP					

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.