## 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

Principal Place	of Business	Mailing Addre	ss		
10130 SUGAR CREEK CIRCLE PENSACOLA FL 32514		10130 SUGAR CREEK CIRCLE PENSACOLA FL 32514			
			•	3.	
2. Principal Pi	ace of Business	2a. Mailing Ad	Idress	4.	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.	5.	
City & State	е	City & Sta	te	6.	
Zip .	Country	Zip	Country	8.	
24	9. Name and Address of C	29 29 Age	30	10.	
	1t 81	Name			
LORREN, LONNIE D 98 E GARDEN ST PENSACOLA FL 32501				Street Address (P	
			84	City	

## FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90006 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed 09/20/1994 FEI Number Applied For **59-**3271763 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution This corporation owes the current year Intangible □No Personal Property Tax. Name and Address of New Registered Agent O. Box Number is Not Acceptable)

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			·		DATE	- <del>-</del>
2.3141.0112	Signature, typed or printed name of registered agent and title if		Registered Agent signature required			DS IN 12
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF		Addition
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	
NAME	FREELAND, JOSEPH B		1.2 NAME			
STREET ADDRESS	10130 SUGAR CREEK CIRCLE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32514		1.4 CITY-ST-ZIP			C 1 1 197
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	FREELAND, RACHEL		2.2 NAME			
STREET ADDRESS	10130 SUGAR CREEK CIRCLE		2.3 STREET ADDRESS	ø		
CITY-ST-ZIP	PENSACOLA FL 32514		2.4 CiTY+ST-ZIP			
TITLE	<b>我我们是</b> "。	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	1993年 1997年 - 1997年		3.2 NAME			
STREET ADDRESS	1 .		3.3 STREET ADDRESS	19. 数据 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	energi egen in	连续器
CITY-ST-ZIP			3.4. CITY-ST-ZIP			1 CHE 194
TITLE		DELETE	4,1 TITLE		Change	✓ [:] Addition.
NAME	].		4.2 NAME	•		
STREET ADDRESS			4.3 STREET ADORESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS	ii.		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			- A 449
TITLE	3 .	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADORESS	, , ,		6.3 STREET ADDRESS			
CITY-ST-ZIP	2		6.4 CITY-ST-ZIP			

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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/23/99 850

850-477-0407 Daytime Phone #

R2E034 (11/98)