FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FAROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000082382**1. Corporation Name

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90122 027 ***150.00

GEORGE	E. GHEEN CO., INC.						
Principal Place	of Business	Mailing Address		·		4849 DISTRIBUTE STRUCT	ID) ¶ }B] BB
2969 HGNY 20 1	969 HGNY 20 WEST 2969 HGNY 20 WEST REEPORT FL 32429 FREEPORT FREEP		,		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
		T 6- 11 % - 41		_ .	11/07/1994 4. FEI Number	T = -	plied For
2. Principal Pl	lace of Business Many VO W	2a. Mailing Address 26 29 9 Hay 7	07	η' <u></u>	59-3278585	No	plied For t Applicable
Suite, Apt.	#, et ø /	Suite, Apt. #, &tc.V			5. Certificate of Status Desired	\$8.75 A	quired
City & State	ant A	City & State	40		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
24 32 42	Country 25	Zip Jo D	Countr	у	This corporation owes the current year In Personal Property Tax.	tangible Yes	12 No
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
	1	~//	8	1 Name			
BARKES, JOAN M 2969 HIGHWAY 20 WEST			8:	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)		-
FREE	PORT FL 32439		8:	3			
			-	4 O.b.		85 Zip (Code
			84	' '	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.							
1	III lamilias with, and accept the obligation	113 01, Occion 001.3000, Florid					1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Ag	ent signature requ	lired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D DELETE		1.1 TITLE	Į.		☐ Change	☐ Addition
NAME	GHEEN, GEORGE E		1.2 NAME	1			-
STREET ADDRESS	4 PAHOKEE LANE		1	ET ADORESS		•	
CITY-ST-ZIP	DESTIN FL 32541	C) Del ETE	1.4 CITY-	——————————————————————————————————————		Change	Addition
TITLE	U		2.1 TITLE				
NAME	GILLIN, IVANOT E		2.2 NAME			•	}
STREET ADDRESS	TI ANOREE DAVE		•	ET ADDRESS	- ·		
CITY-ST-ZIP	DELETE		2.4 CITY-			[] Change	Addition
TITLE	J					hand	
NAME	BARKES, JOAN M		3.2 NAME	ET ADDRESS			
STREET ADDRESS	58 OREGON DRIVE	0	3.3 STRE 3.4. CITY				
CITY-ST-ZIP TITLE	FORT WALTON BEACH FL 3254	B DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAMI				
NAME. STREET ADDRESS	58 DREGON DR			ETADORESS			
CITY-ST-ZIP	FT WALTON BEACH FL 32548		4.4 CITY-				
TITLE			5.1 TITLE			Change	Addition
NAME	Myers, Dorothy G		5.2 NAME	I .			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HAYMARKET VA 20169		5.4 CITY-	ST-ZIP			
TITLE	THE PERSON NAMED AND POST OF	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	:			
STREET ADDRESS) 		6.3 STRE	ET ADDRESS			
OFFICE TER			6.4 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 on an attachment with an address with all other like empowered.

SIGNATURE: