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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091206

Corporation Name

ST. LUCIE GENERAL, INC.

Principal Place of Business

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90014 045 ***150.00



| 1733 W. FLETC TAMPA FL 3361 US | | 1733 W. FLETCHER AVENUE TAMPA FL 33612 US | | | DO NOT WRITE IN THIS: 3. Date Incorporated or Qualifed | SPACE | |
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| | | | | | 12/15/1994 | | Į. |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 こいろと | of Pavertine Rd | | bea | a dr | 59-3287761 | | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | 1, | \ | 5. Certifcate of Status Desired | | 5 Additional Required |
| City & State | SCA RARN.FL | City & State | >, 1 | N | 6. Election Campaign Financing Trust Fund Contribution | | 00 May Be ed to Fees |
| Zip 24 334 | 33 [25] USA | zip 29 37919 30 | Countr | SA_ | This corporation owes the current year Inta Personal Property Tax. | ☐ Yes | No |
| | 9. Name and Address of Current F | Registered Agent | | J | 10. Name and Address of New Registered A | gent | |
| M/AT | TEDS CHEEODO I | | 81 | Name | | | |
| WALTERS, CLIFFORD L 802 11TH STREET WEST | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | DENTON FL 34205 | | 83 | | | | |
| 2 .0 % | | | | <u> </u> | | , , | |
| | | | 84 | City | FL | 85 Z | ip Code |
| 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 at | nd title if applicable. (NOTE: Re | gistered Age | ant signature re | equired when reinstating) DATE | • | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | DIREC | TORS IN 12 |
| 12. | OI HOLITO AND | DIRECTORS | | | ADDITIONS/CHANGES TO OF TOERO / IN | <i>- - - - - - - - - -</i> | 77-01-10-17-12 |
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14. I hereby certify that the information supplied with this thing 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 of the receiver or trustee employered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, propriet with an padops of the like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

415 99 (483) 584-4175

CR2E034 (1.1/98)