Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90094 038 \*\*\*150.00

## 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

## DOCUMENT # P9500007686

1. Corporation Name

	ingtun & Associates, II	10.							
Principal Place	e of Business	Mailing Address				()) 88))) 48))) 93		14118 8111 1881	
110 RUSHTON LN 110 RUSHTON LN TAVERNIER FL 33070 TAVERNIER FL 33070					DO NOT WRITE IN THIS SPACE				
	o talanda a samura da la la estada escala de la composição de la composição de la composição de la composição		•	سيده ه	3. Date Incorporated or Qualifed 01/30/1995	_	-		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	=	Αp	plied For	
21	adou of Basilloss	26			65-0582751		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re		
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
Zip 24	Country	Zip 29 30	Country		This corporation owes the curr Personal Property Tax.		ngible Yes	□No	
	9. Name and Address of Curren				10. Name and Address of New I	Registered A	\gent		
			81	Name		-			
HETHERINGTON, RANDY 110 RUSHTON LN			82	Street Addre	reet Address (P.O. Box Number is Not Acceptable)				
TAVE	ERNIER FL 33070		83	-					
			84	City	<del></del>		85 Zip (	Code	
						FL			
11. Pursuant	to the provisions or Sections Cor. Coo	2 and 607.1508, Florida Statutes,	the above	e-named corpo	ration submits this statement for the	purpose of o	changing its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florida	onzed by a Statutes	the corporation	oration submits this statement for the n's board of directors. I hereby accept	д ине арроли	changing its trnent as re	registered gistered	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered agei	of Florida. Such change was auth tions of, Section 607.0505, Florida of the life applicable. (NOTE: Re	orized by a Statutes gistered Agen	tne corporation	when reinstating)	DATE	unent as re	gistered	
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office or ragent. I a SIGNATURE  12.	egistered agent, or both, in the State m familiar with, and accept the obliga   Signature, typed or printed name of registered ages  OFFICERS AN	of Florida. Such change was auth tions of, Section 607.0505, Florida nt and title if applicable. (NOTE: Re	orized by a Statutes gistered Agen	the corporation	when reinstating)	DATE	D DIRECTO	DRS IN 12	
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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 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 trusted employment 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 or an attachment with the address with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP 14

STREET ADDRESS

TITLE

NAME

ROW COUNTY

المالية المالية المالية E OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Addition

☐ Change