

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000012257**
Corporation Name
CANNON CREEK, INC.

Principal Place of Business
15 BOX 4112
LAKE CITY FL 32024

Mailing Address
RT 15 BOX 4112
LAKE CITY FL 32024
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0557963	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29	30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
O'LEARY, MELANIE 235 NORTH FEDERAL HWY. RT 15 BOX 4112 LAKE CITY FL 32024				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E 1E EET ADDRESS /ST-ZIP	D O'LEARY, MELANIE RT 15 BOX 4112 LAKE CITY FL 32024 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
E 1E EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	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.

SIGNATURE:

Melanie O'Leary R Melanie O'Leary

7-8-99

CR2E034 (5/99)