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 CURPONATIONS

DQCUMENT # P95000022518

PĂCESETTERS REALTY, INC.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90124 022 ***150.00



						<u> </u>				
Principal Place	e of Business	Mailing Address				1				
213 HWY 17 S RT 3 BOX 62										
EAST PALATKA FL 32131 EAST PALATKA FL 32131 US US						DO NOT WRITE IN THIS SPACE				
1						3. Date Incorporated or Qualifed				}
{						03/20/1995				
2. Principal Place of Business 2a. Mailing Addr			ess			4. FEI Number		Ar	oplied For	1
21	•	26 213 Hwy 175			59-3317032		No	ot Applicable]	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		• -	Additional		
22						5. Certificate of Status Desired	.u 	Fee Re	equired	
City & State	9 .	City & State			6. Election Campaign Financing			Мау Ве		
23		28 EAST. PALATKA FL.			<u>. </u>	Trust Fund Contribution		Added	to Fees	1
Zip Country Zip			· ·			8. This corporation owes the curr	•		~~~~	-
24				TN	AN	Personal Property Tax.		Yes	□No	-
<u></u>	9. Name and Address of Current	Registered Agent	-	B1		10. Name and Address of New F	egistered A	gent		1
DOOOF DODEDT W					Name					
ROOSE, ROBERT W 144 BAYOU DR				82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)]
ROOSE, ROBERT W 144 BAYOU DR HTT JOYCE LANE SATSUMA FL. 32189				83			·			1
ζ <i>τ</i>			Ļ	24				os 7in	Code	-
					City		FL			
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	the abo	ove-r	named corpo	oration submits this statement for the	purpose of o	hanging its	registered	Ì
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statut	tes.	e corporatio	on a board of directors. Thereby accept	t inc appoin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	giotoro	
SIGNATURE										
OIGI WITCH	Signature, typed or printed name of registered agent	(gent s	ignature required	d when reinstating)	DATE	- DIDEOT	200 (1) 40	43
12.	OFFICERS AND DIRECTORS ☐ DELETE			13. 1.1 TITLE		ADDITIONS/CHANGES TO OF	-ICERS AND	☐ Change	☐ Addition	1
TITLE	VF									
I NAME	Wall March Dur			4E 						1 :
STREET ADDRESS	DDRESS 117 JOYCE LANE 1977 DAY OF FL. 32/89			1.3 STREET ADDRESS						
CITY-ST-ZIP		DELETE	1.4 CITY-5 2.1 TITLE		UP			Change	Addition	;
πιε					ļ				<u></u>	
NAME	DAMIN, OHATELO									
STREET ADDRESS					ODRESS					1
CITY-ST-ZIP	DELAND FL 32724			Y-\$T-2	ZIP			Change	[] Addition	1
TITLE			.3.1 TITE	3.2 NAME		•				}
- NAME				_						- -
STREET ADDRESS					DDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CIT		ZIP			☐ Change	Addition	1
TITLE			4.1 111L							
NAME					2222					Ì
STREET ADDRESS	•		ŀ		DDRESS					1
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL		76		····	Change	Addition	,
TITLE			5.1 MILE 52 NAME						_	
NAME CTREET ADORESS					DDRESS					
STREET ADDRESS			5.4 CITY							1
CITY-ST-ZIP	57-ZIP				-			Change	Addition	,†
TITLE			6.2 NAM							
NAME			1		DDRESS				•	1:
STREET ADDRESS		;	6.4 CITY							
CITY-ST-ZIP			0.7 011	. 51-2						٦Ĺ

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR