### 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** 

# Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90012 034 \*\*\*150.00

# 

## DOCUMENT # P95000023938

1. Corporation Name

B. FLICKINGER, INC.

Principal Place of Rusiness

Mailing Address

i ilicipai i lace	0 0, 500,1000	mammig / radioad					
865 MEADÓWL MERBHT ISLAN		865 MEADOWLARK LANE MERRITT ISLAND FL 32953				10.00:05	
	2	· · · ·			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					03/24/1995		
2. Principal Place of Business 2 2a. Mailing Address					4, FEI Number		Applied For
21 1335 Malabar 62 26					59-3307508		Not Applicable
Suite, Apt. #, etc.  22 Palm. Bay. F. L. 27 Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.0	0 May Be
23	•	28			Trust Fund Contribution Added to Fees		d to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year	ntangible	
24	25	29 30	]		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curren	t Registered Agent			10, Name and Address of New Registere	d Agent	
			81	Name			
FLICKINGER, BRUCE JR.				Street Add	ress (P.O. Box Number is Not Acceptable)		
865 MEADOWLARK LANE			82	Otteet Add	ress (r.O. Dox multiple) is not Acceptable)		
MERRITT ISLAND FL 32953			83				
			84	City	F	85 Zi	p Code
4470	to the provinces of Spetiago 607 050	2 and 607 1509 Florida Statutos (	the above	e-named corr	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing	its registered.
	Signature, typed or printed name of registered agen			nt signature require	ed when reinstating) DATE	AND DIDEC	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1,1 TITLE		•	☐ Chang	eAddition
NAME	FLICKINGER, BRUCE JR.	. 1	1,2 NAME				
STREET ADDRESS			1,3 STREE	T ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32953 140		1.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE 2.1 TO				☐ Chang	re 🗀 Addition
NAME	22		2.2 NAME	1			
STREET ADDRESS			2,3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE	DELETE 3.1T		3.1 TITLE	- T	<u></u>	Chang	e 🔲 Addition
NAME	,		3.2 NAME				
STREET ADDRESS			3,3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5				
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge Addition
NAME		i	4, 2 NAME				
STREET ADDRESS				T ADDRESS			
			4.4 CITY-S				
CITY-ST-ZIP TITLE			5.1 TITLE	, ( - ZIF		Chang	e 🔲 Addition
		<u> </u>	5.2 NAME				<del>_</del>
NAME				T ADDRESS	•		
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	71-21		☐ Chang	e Addition
TITLE		□ DELETE	62 NAME				

6.4 CITY-ST-ZIP 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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS