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**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90149 032 ***150.00

DOCUMENT # P95000024366

M.S.R., INC.

| | | | | | | 14 600 1881 | e altin bill jaak |
|------------------------------------------------|------------------------------------------|------------------------------------------|--------------|---------------------------------|--------------------------------------------------------|--------------------|-------------------|
| Principal Place of Business Mailing Address | | | | | • | | |
| 16314 EAGLE VIEW DR SPRING HILL FL 34610 | | PO BOX 3128 SPRING HILL FL 34611-1234 | | | DO NOT WRITE IN THIS SPA | ICF | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 03/24/1995 | | ĺ |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | | 4. FEI Number | TA | pplied For |
| 4 | | 26 | | | 59-3319004 | N | ot Applicable |
| Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | \$8.75 Additiona | | Additional |
| 27 | | | | | 5. Certificate of Status Desired | Fee R | lequired |
| City & State | | City & State | City & State | | _6. Election Campaign Financing\$5.00 May Be | | |
| 3 | | 28 | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country | Zip | Coun | ntry | 8. This corporation owes the current year Intangi | | |
| 4 | 25 | 29 3 | 0 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Yes | □No |
| | 9. Name and Address of Current | | | 201 | 10. Name and Address of New Registered Age | nt | , |
| DO: | ED MADTHA D - MART | ha R. Power-R | ival | 30 ARTS | | | |
| | וו ראווווין ווב וווירווווין ווב | • • | 3.0 | | ress (P.O. Box Number is Not Acceptable) | | |
| 16314 EAGLE VIEW DRIVE SPRING HILL FL 34610 | | | L | | | | |
| 3PH | ING MILL PL 340 IU | | ŀ | 83 | | | |
| | | | ``- - | 84 City | 18 | 5 Zip | Code |
| | | | | 1 | oration submits this statement for the purpose of char | | |
| agent. I a SIGNATURE | m familiar with, and accept the obligati | ions of, Section 607.0505, Florid | ia Statu | tes. Agent signature require | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND D | | |
| TITLE | VST | ☐ DELETE | 1.1 TITL | LE T | | Change | Addition |
| NAME | POWER-RIVENBARK, MARTHA I | R | 1.2 NA | ME | | | |
| STREET ADDRESS | 16314 EAGLE VIEW DR | - | 1.3 STF | REET ADDRESS | | | |
| CITY-ST-ZIP | SPRING HILL FL 34610 | | | Y-ST-ZIP | | | <u> </u> |
| TITLE | CS | ☐ DELETE | 2.1 TITI | LE | | Change | Addition |
| NAME | POWER, RICHARD L | ada Vicus DR. | 2.2 NA | ME | | | |
| STREET ADDRESS | 6101 RUPE ST 14314 E | agree trues | 2.3 STF | REET ADDRESS | | | |
| CITY-ST-ZIP | BROOKVILLE FLY Spr. ~9 | HIII 17. 34.612 | 2, 4 CIT | TY-ST-ZIP | | | |
| TITLE | PGM | ☐ DELETE | 3.1 TITI | LE | | Change | Addition |
| NAME | RIVENBARK, ROBERT W | _ | 3.2 NA | ME | | <u> </u> | |
| STREET ADDRESS | | | 3.3 ST | REET ADDRESS | - · · | | |
| CITY-ST-ZIP | SPRING HILL FL 34610 | | _ | IY-ST-ZIP | | LONG- | TAURE - |
| TITLE | | ☐ DELETE | 4.1 TITI | LE | L | Change | Addition |
| NAME | { | | 4.2NA | ME | | | |
| STREET ADDRESS | | | 4.3 STF | REET ADDRESS | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | Chees | M d distan |
| TITLE | } | ☐ DELETE | 5.1 TIT | | L | Change | Addition |
| NAME | } | | 5.2 NA | 1 | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | Chessa | □ Addille- |
| TITLE | | ☐ DELETE | 6.1 1111 | | U | Change | Addition |
| NAME | | | 6.2 NA | | | | |
| STREET ADDRESS | ł | | B . | REET ADDRESS | | | |
| CITY-ST-7IP | | | 6.4 CIT | Y-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 effect the empowered.

727-857-0284