**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500	00026184
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## SINGLE PARENTS CORPORATION

FILED Aug 25, 1999 8:00 am Secretary of State

08-25-1999 90001 046 \*\*\*558.75



{											
Principal Place	of Business		Mailing Addres	s						),,, <b>2)</b> 2) (22)	
_2206-EAST-32N	ND-AVENUE:#371		3410 SAND DU	INE LANE							
TAMPA FL 33605											
3410 SAND Dune Lane					DO NOT WRITE IN THIS SPACE						
Tampa	,FL, 331	605					3. Date Incorporated or Qualified				
	<u> </u>		<del> </del>				03/31/1995	······································	1 14 11		
<u> </u>		2a. Mailing Add	iress			4. FEI Number			ed For		
21 26							59-3350932	₩	<del></del>	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>X</b>	\$8.75 Add		
22			27								
City & State	)		City & State	9			6. Election Campaign Financing	П	\$5.00 M	· .	
23			28				Trust Fund Contribution Added to Fees				
Zip	<u>⊢¬</u>	untry	Zip	<b>├</b> →	Country		8. This corporation owes the curl	ent year	Yes X	Jo	
24	[25]		29	30	<del></del>		Intangible Personal Property.  10. Name and Address of New I	 Penistered			
	9. Name and A	ddress of Current F	legistered Agen	<u> </u>	81	Name	10. Name and Address of New	- ]	Agein		
100	E VALARIE				"	Name US	sie Louise Livi	naston			
2904	S E. GEND AVEN	11-11-2-1			82	Street Add	lress (P.O. Box Number is Not Accept	alpie)			
TAM	<del>PA FI=83</del> 610	OL, <del>-170</del> 7-1				3410	SAND Dune Lar	<u>ره</u>			
1,744					83					}	
		1 200			84	City			85 Zip Co	de .	
		·				Ia	mρa,	<u> </u>	13360	25	
11. Pursuant	to the provisions of	sections 607.0502 a	nd 607.1508, Flor	ida Statutes, the	e above-	named corpo	pration submits this statement for the p	urpose of ch	anging its regis	tered	
office or r	registered agent, or im familiar with, and	both, in the State of accept the obligation	Florida, Such cha ons of, section 60	inge was autro 7.0505, Florida	Statutes	the corporat	tion's board of directors. I hereby acce		7) 4 / 1/	200	
SIGNATURE	WARIA	Louise	Lilin	nton T	MO	7CD		8/2	<u> </u>	<u> 27</u> 7	
SIGNATURE	Signature, typed or printed	name of registered agent a	nd title if applicable.	(NOTE: R	egistered	ent signature ne	quired when reinstating)	DATE.			σ
12.		OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTORS	3 IN 12	2/00
TITLE D	<b>&amp;</b> D			DELETE	1.1 TITLE				Change _	Addition	_
NAME	DOVE, VALARI	E		1	1.2 NAME	-		•		-	E034
STREET ADDRESS	2206 E. 32ND	AVENUE, #371			1.3 STREET	ADDRESS					ROF
CITY-ST-ZIP	TAMPA FL 336				1.4 CITY-ST	-ZIP					2
TITLEMINCH	AMP/MD C	DIPD		DELETE	2.1 TITLE				Change _	Addition	
NAME	LIVINGSTON, (	gussie Louise		1	2.2 NAME			•	•		
STREET ADDRESS	3410 SAND DI			1:	2.3 STREET	ADDRESS				1	
CITY-ST-ZIP	TAMPA FL 336	305			2.4 CITY-ST	-ZIP					
TITLE	SD		X	DELETE	3.1 TITLE 🕻	PD J	fillian Cooper St 11122 Creasurt La Riverview, Fla, 3	unser	Change 🕹	Addition	
NAME	TUCKER, FELE	CIA	~		3.2 NAME	0	The state of the s	v. On.			
STREET ADDRESS		AVENUE, #385			3.3 STREET	ADDRESS	11120 reacust Da	ne ve	e:1		
CITY-ST-ZIP	TAMPA FL 336			];	3.4 CITY-ST	-ZIP	Kiverview Ha. 3	3569			
TITLE	DT				4.1 TITLE			-	Change	Addition	
NAME	THOMAS, BRE	NDA	J		4.2 NAME					.	
STREET ADDRESS	3415 SAND DI				4.3 STREET	ADDRESS					
1 1	TAMPA FL 336				4.4 CITY-ST						
CITY-ST-ZIP TITLE	D D		DR		5.1 TITLE S		Millie Presley M21 3411 Sand Dune Jampa, Fla. 33	rimnen	Change 1	Addition	ĺ
		VN		JCLL IC	5.2 NAME		and the state of the	Q.	onlingo y	- riodinon	ĺ
NAME	CARTER, EVEL	AVENUE, #551			5.3 STREET	AUDDESS	of 11 pand Nume 1	nune		ĺ	
STREET ADDRESS		•				ADDRESS	Jampa, Hla. 331	605			
CITY-ST-ZIP	TAMPA FL 336	יוט	<del></del>		5.4 CITY-ST	2 m//) /	) ((1), 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(A. a )	Character &	Addition	ĺ
TITLE	VD	TALLE		DELETE	6.1 THTLE	Agy/M (/ C	yetha yares whi	-	∪nange <b>/</b>	AGUIDON	i
NAME	ARMSTRONG,			<b>.</b>	6.2 NAME 6.3 STREET	: MÍ) à	LOOL & northba	x ust.		ļ	
STREET ADDRESS	2002 E. OSBO				6.3 STREET	ADDRES9	Cycthia forless of the	)-75 <sup>-</sup> 4	ح		

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

SIGNATURE:

in Block 12 or Block 13 if changed, or on an attachment with an address.