Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90037 043 ***150.00

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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

DOCUMENT #	P95000032721
4 On an exaction Names	

Corporation Name

PRODUC AND ACCOUNTED INC

BNODU	3 AND ASSOCIATES INC.									
Principal Plac	e of Business	Mailing Address				(Patient No. 1916) 4111 4111 4111 4111 4111		********		7881 7181 7881
103 TAYLOR AVE P.O. BOX 455 GROVELAND FL 34736 GROVELAND FL 34736						DO NOT WRITE IN TH	us s	SPACE	=	
						3. Date Incorporated or Qualifed		700		
						04/26/1995				
2 Principal C	Place of Business	2a. Mailing Address				4. FEI Number			Apr	lied For
— '	lace of business	26				59-3385219		H	+	Applicable
Suite, Apt.	# etc	Suite, Apt, #, etc.				<u>_</u> -		\$8.		dditional
22		27				5. Certificate of Status Desired		,	e Red	
City & Sta	te	City & State				6. Election Campaign Financing		\$5	.00	vlay Be
23		28				Trust Fund Contribution		Ad	ded to	Fees
Zip	Country	Zip	Country	у		8. This corporation owes the current year	Inta	ngible	_	/
24	25	29	30		_	Personal Property Tax.		☐ Yes	<u>. </u>	Z No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registere	d A	gent		
			81	۱ ۱	Name					
	DDUS, LUCILLE		82	2 :	Street Addre	ss (P.O. Box Number is Not Acceptable)			,	
	FIRST AVE		L							
GR(OVELAND FL 34736		83	3						
			84	4	City			85	Zip C	ode
					•	ration submits this statement for the purpose				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: f	Registered Age	ent si	ignature required					
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	ANE			
TITLE	D	☐ DELETE	1.1 TITLE					☐ Cha	inge	☐ Addition
NAME	BRODUS, CORNELIUS		1.2 NAME	:						
STREET ADDRESS	360 1ST ST.		1.3 STREE	ET AL	DDRESS					į
CITY-ST-ZIP	GROVELAND FL 34736	 	1.4 CITY-1	• • •	ZIP					☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE	2.1 TITLE				☐ Cha	ınge	
NAME	BRODUS, LUCILLE		2.2 NAME							
STREET ADDRESS	360 1ST ST.		2.3 STREE	ETAI	DORESS					
CITY-ST-ZIP	GROVELAND FL 34736		2.4 CITY-		ŽIP			T 01.		☐ Addition
TITLE	D	☐ DELETE	3.1 TITLE					☐ Chi	mye	
NAME	FORREST, DONNA M		3.2 NAME							
STREET ADDRESS			3.3 STREE							
CITY-ST-ZIP	GROVELAND FL 34736	□ octore	3.4. CITY-		ZIP			☐ Chi		Addition
TITLE	D	☐ DELETE	4.1 TITLE					CII	1119¢	
NAME	BRODUS, CORNELIUS JR.		4. 2 NAME							,
STREET ADDRESS	1		4.3 STREE							*
CITY-ST-ZIP	GROVELAND FL 34736	□ perete	4.4 CITY-		ZIP			☐ Ch		☐ Addition
TITLE	D	☐ DELETE	5.1 TITLE			·			ai ige	
NAME	BRODUS, CHANDA		5.2 NAME		22222					
STREET ADDRESS			5.3 STREE							
CITY-ST-ZIP	GROVELAND FL 34637	□ ocurtr	5.4 CITY-		ZP			☐ Ch		Addition
TITLE	1	☐ DELETÉ	6.2 NAME						119c	L.J AUGUON
NAME					DDBECC					i
STREET ADDRESS	sl		6.3 STREE	⊂ IAL	DDKE22					

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.

6.4 CITY-ST-ZIP

SIGNATURE