**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90216 032 \*\*\*150.00

## DOCUMENT # P95000037796 1. Corporation Name

	TIC FEATHERS, INC.		·				
Principal Plac	ce of Business	Mailing Address				- <del></del>	
7430 S US #1 7430 S US #1 PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					05/11/1995		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
26				65-0592704	No	t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
2					3. Certificate of Status Desired	Fee Re	quired
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution 注答式点	\$5.00 Added to	
Zip	Country 25	Zip	Country 30	у	This corporation owes the current year     Personal Property Tax.	Intangible Yes	□No
4	9. Name and Address of Cu		301		10. Name and Address of New Registere		
	5. Name and Address of Ou	TOTAL TREGISTION OF THE	81	Name			
CHARTERS, LYNNE 7430 S US #1			82	N Chront Add	Lane (D.O. Boy Number in Not Accordable)		
			84	Street Add	ress (P.O. Box Number is Not Acceptable)		
POP	RT ST LUCIE FL 34952		83	3			
				- Cit.		gs Zin C	`ode
				84 City FL 85 Zip Code			
11. Pursuant office or	t to the provisions of Sections 607 registered agent, or both, in the S	.0502 and 607.1508, Florida Statute tate of Florida. Such change was au	s, the above	re-named con		of changing its pointment as reg	!
agent. i a	am familiar with, and accept the of	oligations of, Section 607.0303, Flori	s, the above thorized by ida Statute	ve-named corp y the corporat s.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as rec	registered gistered
agent. 1 a SIGNATURE	am ramiliar with, and accept the of	oligations of, Section 607.0303, Flori	s, the above thorized by ida Statute	ve-named corp y the corporat s.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as reconstruction of the pointment as reconstruction of the pointment as the point	registered gistered
agent. 1 a SIGNATURE 12.	am ramiliar with, and accept the of	d agent and title if applicable. (NOTE:	s, the above thorized by ida Statute:	ve-named corp y the corporat s.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as rec	registered gistered
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agent. Ta SIGNATURE  12. TILE HAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS P CHARTERS, LYNNE 7430 S US #1	d agent and title if applicable. (NOTE:	s, the above thorized by da Statute:  Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE	re-named corporat s	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as reconstruction of the pointment as reconstruction of the pointment as the point	registered gistered
agent. 12 SIGNATURE  112.  ITITLE  IAME  STREET ADDRESS  CITY- ST- ZIP  TITLE	Signature, typed or printed name of registered OFFICERS P CHARTERS, LYNNE 7430 S US #1	e agent and title if applicable. (NOTE:	s, the above thorized by da Statute:  Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-5	re-named corporat s.  ant signature requirement signature requirem	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as required in the control of the contro	registered gistered RS IN 12
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agent. 12  SIGNATURE  117.  ITTLE  NAME  STREET ADDRESS  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registeres OFFICERS P CHARTERS, LYNNE 7430 S US #1 PORT ST LUCIE FL 34952	e agent and title if applicable. (NOTE: S AND DIRECTORS DELETE	s, the above thorized by da Statute:  Registered Age  13.  1.1 TITLE  1.2 NAME  1.4 CITY-5  2.1 TITLE  2.2 NAME  2.3 STREE  2.4 CITY-	re-named corporations.  ant signature requirements successful to the corporation of the c	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as reg	registered pistered  RS IN 12 Addition
AGENTURE  12.  TITILE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	Signature, typed or printed name of registeres OFFICERS P CHARTERS, LYNNE 7430 S US #1 PORT ST LUCIE FL 34952	e agent and title if applicable. (NOTE:	s, the above thorized by da Statute:  13.  1.1 TITLE  1.2 NAME  1.3 STREE  2.1 TITLE  2.2 NAME  2.3 STREE  2.4 CITY-  3.1 TITLE	re-named corporations.  anti-signature requirements.  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as required in the control of the contro	registered gistered RS IN 12
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11. Pursuant office or agent. I a SIGNATURE  12. TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered OFFICERS P CHARTERS, LYNNE 5 7430 S US #1 PORT ST LUCIE FL 34952	d agent and title if applicable. (NOTE:  S AND DIRECTORS  DELETE  DELETE	s, the above thorized by da Statute:  Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  2.1 TITLE  2.2 NAME  2.3 STREE  3.4 CITY-  3.1 TITLE  3.2 NAME  3.3 STREE  3.4 CITY-  4.1 TITLE  4.2 NAME  4.3 STREE  4.3 STREE	re-named corp y the corporat s.  ant signature requir  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	AND DIRECTO  Change	registered gistered  RS IN 12  Addition  Addition

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition