## 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 # P95000042576

REACTA	ir enter <del>pr</del> ises, incorp	ORATED					
Principal Place	of Business	Mailing Address			3 1881 1881 118 18181 81111 881111 881111	#151 <b>#101#</b> 12 <b>#</b> #1 #11117 1	
5209 PLESS ROAD         5209 PLESS ROAD           PLANT CITY FL 33565         PLANT CITY FL 33565					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 05/25/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26			59-3315006		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Rec	I .
City & State	City & State City & State		Trust Fund		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added to	
Zip	Zip Country Zip  25 29 34				<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	Yes	□No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
WOOTEN, RANDY A 5209 PLESS ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PLANT CITY FL 33565			83				
			84			<b>85</b> Zip C	_
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblight Signature, typed or printed name of registered age	ations of, Section 607.0505, Flori	ithorized by ida Statutes	the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the ap-	Spoklament as reg	yistered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREE	FADDRESS			ĺ
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	···		
TITLE	DELETE 2.1 TV		2.1 TITLE			Change	☐ Addition
NAME	22		2.2 NAME	ļ			
STREET ADDRESS	ADDRESS 23		2.3 STREE	TADORESS			
CITY-ST-ZIP	"		2. 4 CITY-5	ST-ZIP			
TITLE	□ DELETE 3.1 T		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADORESS			3.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		- Cl Change	Addition
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		[](hann	☐ Addition
TITLE	_		5.1 TITLE	Ì	•	Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	1-ZIP		[7.65	☐ Addition
TITLE DELETE 6.1			6.1 TITLE	1		Change	T Magingu

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

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90158 008 \*\*\*150.00