Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90036 014 ***150.00

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**

1. Corporation Name NEW DAWN SERVICES, INC.				 2 voorvoor hie leigt bihn eenk bern bern eenk einer bikk bikke kink bikke hijk bikke kink bikke kest lest	
NEW DAWN SERVICES, INC. Principal Place of Business 4038 GULFVIEW DR SPRING HILL FL 34607 US 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State 2d. City & State 2d. City & State 2d. Suite, Apt. #, etc. 2e. Suite, Apt. #, etc. 2f. City & State 2g. Zip Country 2g. Suite, Apt. #, etc. 2g. Suit					
, ,		-			·
	-	• • • • • •			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 05/31/1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
2126		26			65-0585993 Not Applicable
<u> </u>	_ ==- , , ,				5. Certificate of Status Desired Fee Required
					6. Election Campaign Financing S5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible
24			0		Personal Property Tax. Yes No
				Name	10. Name and Address of New Registered Agent
4038 GULFVIEW DR					t Address (P.O. Box Number is Not Acceptable)
	•		84	,	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					e required when reinstating) DATE
42	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re	13.	nt signature	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P	DELETE	1.1 TITLE		X Change
NAME	REED, DAWN M	<u></u>	1.2 NAME		
STREET ADDRESS	ACAO MINE ACTUL OTDETT			T ADDRESS	s 4038 Gulfview Drive
CITY+ST-ZIP	MARGATE FL 33063		1.4 CITY-5		Spring Hill, FL 34607
TITLE	V	☐ DELETE	2.1 TITLE		X Change Addition
NAME	REED. TIMOTHY W		2.2 NAME		
STREET ADDRESS	6840 N.W. 16TH STREET	•	2.3 STREE	T ADDRESS	4038 Gulfview Drive
CITY-ST-ZIP	MARGATE FL 33063		2. 4 CITY-ST-ZIP		Spring Hill, FL 34607
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Additio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	s
CITY-ST-ZIP	<u></u>	<u> </u>	3.4. CITY-	ST-ZJP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		

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.

4,3 STREET ADDRESS 4,4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

☐ Change

☐ Change

Addition

☐ Addition