## 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** 

## P95000043444 **DOCUMENT #**

Principal Place of Business	Mailing Address	
2670 HWY. 92 E. PLANT CITY FL 33566	P.O. BOX 2391 PLANT CITY FL 33566	
•	•	

**FILED** Jan 22, 1999 8:00am **Secretary of State** 

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PLANT CITY FL 33566	PLAI	NT CITY FL 33566							
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						Date Incorporated or Qualifed	l		
		- A (II) A L L				05/30/1995			tipel Fax
2. Principal Place of Business	— —	Mailing Address				FEI Number			pplied For
21	26					<u>59-3319945</u>	<u></u>		ot Applicable
Suite, Apt. #, etc	}	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		<b>*</b> • • • •	Additional leguired
22	27			•		- · · · · · · - · · · · · · · · · ·			
City & State	<u> </u>	City & State			1	Election Campaign Financing		•	May Be
23	28					Trust Fund Contribution			to Fees
Zip Coun	itry	Zip Country			8. This corporation owes the current year Intangible				
24 25	29		30			Personal Property Tax.	Desistered	Yes	□No
	ress of Current Registe		8-	Name	10.	Name and Address of New	Registered	Agent	
	Control of the second of the s	• ": . '	*	Name					
BROCK, DONALD F	11 5- M M	1., : '	82	Street Ad	dress (P	O. Box Number is Not Accept	table)		
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PLANT CITY FL 33566			83	3		10 min 10			
			84	City				85 Zip	Code
a a sa a	29.3		-	/			<u> </u>		1.0
=11;=Pursuant to the provisions of Se office or registered agent, or bot agent. I am familiar with, and ac	ections.607.0502.and.60	7.1508, Florida Statute	s, the abov	∕e-naméd co	rporation	submits this statement for the	purpose of	changing it	s registered.
office or registered agent, or bot agent. Lam familiar with, and ag	th, in the State of Florida cept the obligations of	s. Such change was au Section 607.0505, Flori	itnonzed b ida Statute	rne compora s. //	ation \$700	and of directors. Thereof acce	pt the appoi	, /	egisterou
51	F Brock	Prociden		L lone	de	1 Bock		-4-9	19
SIGNATURE <u>JOVALX</u> Signature, typed or printed nar	me of registered agent and title if	17103.779 -7		nt signature requ	uired when re	einstating)	DATÉ	/	
12.	OFFICERS AND DIREC	TORS	13.			DDITIONS/CHANGES TO O	FFICERS AN	ND DIRECT	ORS IN 12
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	F	☐ DELETE			-				
mle PTD		☐ DELETE	1.1 TITLE 1.2 NAME	ET ADDRESS	<u> </u>				
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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 received or trustate empowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on/an attaction with an address, with all other like empowered.