## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P95000044921

Principal Place of Business	Mailing Address
201 SOUTH MAIN STREET	201 South Main Street
BROOKSVILLE FL 34601	Brooksville FL 34601

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90060 032 \*\*\*150.00

VERONA	HOUSE, INC.								
Principal Place	of Business	Mailing Address		<del></del>		00111 <b>00</b> 211 0101	1 91919 19179 1	1601 JEN 1881	
201 SOUTH MA		201 SOUTH MAIN STREE	т						
BROOKSVILLE		BROOKSVILLE FL 34601							
					DO NOT WRITE	IN THIS SE	ACE	<del></del> - <sub>7</sub>	ı
			•		3. Date incorporated or Qualifed 06/12/1995				]
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Apr	olied For	1
21		26			59-3320249		No	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ .	\$8.75 A		_
22		± 27						quired	-
City & State	9	City & State			6. Election Campaign Financing		\$5.00		
23		28		-4	Trust Fund Contribution	<del></del>	Added to	rees	ĺ
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current			□No	
24	25	Parietered Agent	30		Personal Property Tax.  10. Name and Address of New Reg				
	9. Name and Address of Current	Registered Agent		81 Name	10. Haine and Address of feet free	JIO COTO O TAN			l
HOG	AN, THOMAS S JR.								
	OUTH BROAD STREET			82 Street Ad	dress (P.O. Box Number is Not Acceptable	e)			
BRO	OKSVILLE FL 34601			83					
			i	84 City		FL	85 Zip C	ode	
office or r	egistered agent, or both, in the State on the state of the colligation of the colline of th	of Florida. Such change was ions of, Section 607.0505, F	authorized Iorida Stati	toy the corpora	rporation submits this statement for the pu stion's board of directors. I hereby accept t	пе арропи	anging its nent as reç	registered listered	
	Signature, typed or printed name of registered agent			Agent signature requ	ired when reinstating)	DATE	DIRECTO	DC (N. 12	á
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		Change	Addition	7
TITLE	d Boyd, Robert L	□ DECE IE	1.1 117			•	0,1,2,1,90		1
NAME	201 S MAIN ST		1.2 NA	WE					8
STREET ADDRESS	BROOKSVILLE FL		4007	DECT +DODESC					1 7
CITY-ST-ZIP				REET ADDRESS					Ü
TITLE :		□ DELETÉ	1.4 CF	TY-ST-ZIP		<u>-</u>	☐ Change	Addition	7000
	D	☐ DELETÉ	1.4 CF 2.1 TH	TY-ST-ZIP			Change	☐ Addition	2000
NAME	D BOYD, JANIS H	□ DELETE	1.4 CF 2.1 TH 2.2 N/	TY-ST-ZIP TLE VME	<u> </u>	(	Change	☐ Addition	1000
STREET ADDRESS	D BOYD, JANIS H 201 S MAIN ST	□ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST	TY-ST-ZIP TLE TME TREET ADDRESS		[	Change	☐ Addition	1000
STREET ADDRESS	D BOYD, JANIS H	,	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C	TY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP			Change	☐ Addition	CDOE
STREET ADDRESS CITY-ST-ZIP	D BOYD, JANIS H 201 S MAIN ST	□ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C	TY-ST-ZIP TLE WME TREET ADDRESS ITY-ST-ZIP TLE					1000
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BOYD, JANIS H 201 S MAIN ST	,	1.4 Cr 2.1 Trl 2.2 N/ 2.3 ST 2.4 C 3.1 Trl 3.2 N/	TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE					1000
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BOYD, JANIS H 201 S MAIN ST	,	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, JANIS H 201 S MAIN ST	,	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE REET ADDRESS ITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BOYD, JANIS H 201 S MAIN ST	DELETE.	1.4 CT 2.1 TM 2.2 N/2 2.3 ST 2.4 C 3.1 TT 3.2 N/2 3.3 ST 3.4 CC 4.1 TT	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE REET ADDRESS ITY-ST-ZIP TLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	D BOYD, JANIS H 201 S MAIN ST	DELETE.	1.4 CF 2.1 TII 2.2 N/ 2.3 ST 2.4 C 3.1 TII 3.2 N/ 3.3 ST 3.4 CC 4.1 TII 4.2 N/	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE REET ADDRESS ITY-ST-ZIP TLE AME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BOYD, JANIS H 201 S MAIN ST	DELETE.	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST 3.4 CF 4.1 TF 4.2 NA 4.3 ST	TY-ST-ZIP TILE TREET ADDRESS TIY-ST-ZIP TILE TREET ADDRESS TIY-ST-ZIP TILE TREET ADDRESS TIY-ST-ZIP TILE TREET ADDRESS			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	D BOYD, JANIS H 201 S MAIN ST	DELETE.	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST 3.4 CF 4.1 TF 4.2 NA 4.3 ST	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP		[	☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BOYD, JANIS H 201 S MAIN ST	DELETE.	1.4 Cr 2.1 TII 2.2 No 2.3 ST 2.4 C 3.1.TI 3.2 No 3.3 ST 3.4. Cl 4.1 TI 4.2 No 4.3 ST 4.4 Cr 5.1 TI 5.2 No 5.3 ST 5.4 Cr 6.1 TI 6.2 No	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE		[	Change Change	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.

SIGNATURE: