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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000044970

HUDDLESTON & ASSOCIATES, INC.

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90060 019 \*\*\*150.00



| Principal Place of Business  |  | Mai  | Mailing Address                                     |  |  |   |                    |                            |                |               |                  |                        |                |
|--|--|--|---|--|--|---|--------------------|----------------------------|----------------|---------------|------------------|------------------------|----------------|
| 617-10 DELANEY AVE.  |  | P.O.   | P.O. BOX 2111                                       |  |  |   |                    |                            |                |               |                  |                        |                |
| ORLANDO FL 32801   |  | ORL  | ORLANDO FL 32802                                    |  |  |   |                    | DO NOT WRITE IN THIS SPACE |                |               |                  |                        |                |
|  |  |  |   |  |  |   | 3. Da              | ate incorporate            | d or Qualifed  |               |                  |                        |                |
|  |  |  |   |  |  |   |                    | 6/06/1995                  |                |               |                  |                        |                |
| 2 Driveing Pl  | ace of Business  | 2a.  | Mailing Address                                     |  |  |   |                    | I Number                   |                |               | - T-7            | Applied For            |                |
| <del>_</del>   | ace of business  | 26   |   |  |  |   | N                  | OT APPLIC                  | ABLE           |               |                  | Not Applicab           | ile            |
| Suite, Apt.  | # etc  |  | Suite, Apt. #, etc.                                 |  | -  |   |                    |                            |                |               | <b>+</b> - · · · | Additional             |                |
| <del>-1</del>  |  | 27   |   |  |  |   | 5. 0               | ertifcate of Stat          | lus Desireu    |               | Fee              | Required               |                |
| City & State   |  |  | City & State  |  |  |   | 6. El              | ection Campai              | gn Financing   |               | \$5.0            | <b>0</b> May Be        | 1              |
| 23   |  | 28   | 28  |  |  |   |                    | rust Fund Cont             |                |               |                  | d to Fees              |                |
| Zip  | Country  |  | Zip   | C  | ountry   |   | 8. Th              | nis corporation            | owes the cur   | rent year Int |                  |                        |                |
| 24   | 25   | 29   |   | 30   |  |   |                    | ersonal Proper             |                |               | Yes              | □No                    |                |
| <del></del>  | 9. Name and Address  | s of Current Regist  | tered Agent   |  |  |   | 10. N              | ame and Add                | ress of New    | Registered    | Agent            |                        | <del> </del>   |
|  |  |  |   |  | 81   | Name  |                    |                            |                |               |                  |                        |                |
|  | DLESTON, JAMES W   |  |   |  | 82   | Street A  | Address (P.O       | . Box Number               | is Not Accept  | able)~        | _                |                        | $\neg$         |
|  | 10 DELANEY AVE.  |  |   |  |  |   |                    |                            |                |               | 4                | 4 7 20 A 1 2           | <del>-</del> - |
| ORL  | ando fl 32801  |  |   |  | 83   |   |                    |                            | 71             |               |                  | 14.15                  | 4:             |
| l  |  |  |   |  | 84   | City  |                    |                            | <u> </u>       |               | 85 Zi            | p Code                 |                |
|  |  |  |   |  |  |   |                    |                            |                | FL            | <u> </u>         | ita ra sistara         |                |
|  |  |  |   |  |  |   | cornoration si     | uhmite thie eta            | tement for the | e purpose of  | r chandina       | its registere          | A ~   * *      |
| 11. Pursuant   | to the provisions of Section   | ons 607.0502 and 60  | 07.1508, Florida Stat                               | utes, the  | above  | e-named o   | ration's boar      | d of directors.            | I hereby acce  | pt the appo   | intment as       | registered             | d ~            |
|  |  |  |   |  |  |   | ration's boar      | d of directors.            | I hereby acce  | pt the appo   | intment as       | registered             | d ~            |
| office or nagent. La   | egistered agent, or both, i<br>m familiar with, and accep  | n the State of Florid<br>t the obligations of,   | Section 607.0505, F                                 | lorida S   | tatutes  | ine corpo<br>i.   |                    |                            | I hereby acce  |               | intment as       | registered             | d ~            |
| office or nagent. La   | egistered agent, or both, in familiar with, and acceptions and acceptions are suggested as a sug | n the State of Florid<br>the obligations of,<br>fregistered agent and title in             | Section 607.0505, f                                 | lorida S   | tatutes  | ine corpo<br>i.   | equired when rains | stating)                   |                | DATE          |                  |                        |                |
| office or nagent. La   | egistered agent, or both, in familiar with, and accept signature, typed or printed name of OF  | n the State of Florid<br>t the obligations of,   | Section 607.0505, F  f applicable (NC               | TE: Registe  | tatutes  | ine corpo<br>i.   | equired when rains |                            |                | DATE          | ND DIREC         | TORS IN 12             | 2 3            |
| office or n<br>agent. I a<br>SIGNATURE   | egistered agent, or both, i<br>m familiar with, and accep<br>Signature, typed or printed name o<br>OF  | n the State of Florid to the obligations of, fregistered agent and title if                | Section 607.0505, f                                 | TE: Registe  | tatutes ared Ager 3.   | ).  | equired when rains | stating)                   |                | DATE          |                  | TORS IN 12             | 2 3            |
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6.4 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.

SIGNATURE: