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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000049898

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Mar 23, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

03-23-1999 90018 036 \*\*\*150.00

**FILED** 

HEKNAN	NDO MOSS, INC.											
Principal Place	e of Business	M	nailing Addr	ess					i ili ditik be sem tärde beite omise me	1111 48111 88111	Aiāia (21a) (24	(6 (8:4) (8:1 148)
1151 E. CLEVELAND STREET 1151 E. CLEVELAND STREET					ET			l				
HERNANDO FL 34442 HERNANDO FL 34442					· . · ·	-	:		DO NOT WRI	TE IN THIS	SPACE	
US .						.3.	Date Incorporated or Qualifed			- ;- ·		
the state of the s								06/27/1995				
2. Principal P	Place of Business	2a	. Mailing A	ddress				4.	FEI Number			Applied For
21 26								59-3323052			lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del>-</del>			5	Certifcate of Status Desired		•	Additional		
22		27						<u> </u>				Required
City & Stat	te		City & St	ate				6.	Election Campaign Financing			May Be
23		28						-	Trust Fund Contribution			to Fees
Zip	Country		Zip 1		Count	гу		8.	This corporation owes the cur-	rent year in	angibie XYes	□No
24	9. Name and Address of Curre	nt Pogi		unt .	30			10	Personal Property Tax.  Name and Address of New I	Registered		
	s. Name and Address of Curre	nır regi	areien Age	7176		31	Name				<u> </u>	
BUN	IGARNER, ARBUTH O					4						
1151 E. CLEVELAND STREET				3	32	Street Addres	ss (P	P.O. Box Number is Not Accept	able)			
HER	RNANDO FL 34442				1	33			<u> </u>			
						╧						
					1	34	City			FL	85   Zip	Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Flor ations o	rida. Such c of, Section 6	hange was a 607.0505, Flo	utnorized i rida Statut	es.	he corporation	SDO	pard of directors. I hereby acce	pt the appoi	ntment as	registered
12.	Signature, typed or printed name of registered ag OFFICERS A			(NOTE	13.	gent	Signature required t		ADDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12
TITLE	DPT			DELETE	1.1 TIÚ.	 E					☐ Change	
NAME	BUMGARNER, ARBUTH O		_		1.2 NAM		}			•		
STREET ADDRESS	ALEX E OF ENEL AND OTDEET	•					ADDRESS					
CITY-ST-ZIP	HERNANDO FL				1.4 C/TY							
TITLE	DVS			DELETE	2.1 TITL						Change	e Addition
NAME.	BUMGARNER, ANN L				2.2 NAV	E						
STREET ADDRESS	I AACA E OLEVELAND OFFICE		٠.	- ,	2.3 STR	EET.	ADORESS		-			
CiTY-ST-ZIP	HERNANDO FL				2. 4 CIT	Y- 5T	r-zip					
TITLE				DELETE	3.1 TITL	_					Change	e Addition
NAME					3.2 NAM	Æ						
STREET ADDRESS	3				3.3 STR	EET.	ADDRESS					
CITY-ST-ZIP					3.4. CIT	Y-ST	r-zip					
TITLE			, [	DELETE	4.1 TITL	E			•		☐ Change	e 🔲 Addition
NAME					4. 2 NA	ΛĘ						
STREET ADDRESS	3				4.3 STR	EET.	ADDRESS					
CITY-ST-ZIP					4.4 CITY	-ST	-ZIP					<u> </u>
TITLE				DELETE	5.1 TITL						☐ Chang	e 🔲 Addition
NAME					5.2 NAM							
STREET ADDRESS	s				5.3 STR	EET.	ADDRESS					
CITY-ST-ZIP												
					5.4 CITY	_	-ZIP	_				a Danas
TITLE			[	DELETE	6.1 TITL	Ē	-ZIP -	_			Change	e Addition
TITLE .:`			[	DELETE	6.1 TITL 6.2 NAM	E IE	ADDRESS				Chang	e 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3-15-99

352-344-9325