

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

DOCUMENT # P95000059752

1. Corporation Name
CIRCLE SEVEN, INC.

Principal Place of Business

~~14712 NW 69 TERR~~
ALACHUA FL 32615

Mailing Address

174 TURKEY CREEK
ALACHUA FL 32615

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90078 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

59-3333173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1223 Riverbank Dr

Suite, Apt. #, etc.

22

City & State

23 LaBelle

Zip

24 F1

Country

25 33931

2a. Mailing Address

26 PO Box 757

Suite, Apt. #, etc.

27 LaBelle Fla

City & State

28 33971

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HALL, LARRY T

~~14712 NW 69TH TERRACE~~

~~GAINESVILLE FL 32615~~

PO Box 757
LaBelle Fla 33971

1223 Riverbank Dr
LaBelle Fla 33931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD HALL, SABRINA B

STREET ADDRESS ~~14712 NW 69TH TERRACE~~

CITY-ST-ZIP ~~GAINESVILLE FL 32615~~

TITLE ☐ DELETE

NAME S HALL, JOHN T

STREET ADDRESS ~~14712 NW 69 TERR~~

CITY-ST-ZIP ~~GAINESVILLE FL 32615~~

TITLE ☐ DELETE

NAME T HALL, LARRY T

STREET ADDRESS ~~14712 NW 69 TERR~~

CITY-ST-ZIP ~~GAINESVILLE FL 32615~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-99 941-671-1313

CR2E034 (1/98)