03-14-1999 90042 038 ***150.00

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 # P9500060099

Principal Place	/ENUE	Mailing Address POST OFFICE BOX 346							
NICEVILLE FL 32578 NICEVILLE FL 32589 US						DO NOT WRITE IN THIS SPACE			
15						3. Date Incorporated or Qualifed 08/03/1995	***		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
ī	26				59-3333978			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
	_	27				or Certificate of Chalas Society		Fee Rec	quired
City & State	Э	City & State				6. Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip	Coun	try		8. This corporation owes the current year			
4	25		30			Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registe	rea Agen	<u> </u>	
WENNSTROM, KENT A 126 JOSEPH AVE NICEVILLE FL 32578				82		ress (P.O. Box Number is Not Acceptable)			
11102	VICEE 1 E OCO7 O		L	84	City		FL 85	Zip C	ode
agent. I ai SIGNATURE	m familiar with, and accept the oblig	gations or, Section 607.0505, Flor	ida Statui	185.		corporation submits this statement for the purpos ration's board of directors. I hereby accept the a			•
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DI	RECTO	RS IN 12
TITLE	PVPS	☐ DELETE	1.1 TITL	.E				Change	Addition
IAME	WENNSTROM, KENT A		1.2 NAA	Æ		•			
TREET ADDRESS	126 JOSEPH AVENUE			REET	ADDRESS				
ITY-ST-ZIP	NICEVILLE FL		1.4 CIT	Y-ST	-ZIP				
MLE		☐ DELETE		2.1 TITLE				Change	Addition
IAME			2.2 NA	ИΕ	ì				
TREET ADDRESS			2.3 STF	REET	ADDRESS				
CITY-ST-ZIP			2.4 CIT	Y-S	T-ZIP				·
ITLE		☐ DELETE		3.1 TITLE				Change	Addition
AME			3 2 NA	ИE	İ				
TREET ADDRESS			3 3 STF	REET	ADDRESS				
CITY-ST-ZIP			3.4. CIT	3.4. CITY-ST-ZIP					
ITLE	DELETE		4.1 777	Æ				Change	☐ Additio
IAME			4 2 NA	ME.					
STREET ADDRESS			4 3 STF	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST	r-zip				
TITLE		☐ DELETE	5.1 TITI	LE				Change	Additio
NAME .			5.2 NA	ΜE					

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 affacing with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition