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

Mailing Address

19034 SW 100TH PLACE

**DUNNELLON FL 34432-4267** 

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000072335 1. Corporation Name

Principal Place of Business

19034 SW 100TH PLACE

**DUNNELLON FL 34432-4267** 

TOM REDDING AND ASSOCIATES, INC.

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2. Principal Pla	ace of Business	2a. M	lailing Address					4. FEI Number		Арр	lied For
<b>—</b> '		26	-					65-0618453		· Not	Applicable
21			uite, Apt. #, etc.			***				\$8.75 AG	tditional ·
Suite, Apt. #	ŧ, etc.	$\vdash$	uite, Apr. #, etc.					5. Certifcate of Status Desired		Fee Reg	I .
22		27	:				_				
City & State	9	0	tity & State					<ol><li>Election Campaign Financing</li></ol>		\$5.00 N	
23		28						Trust Fund Contribution		Added to	Fees
Zip	Country	Z	ip	Cou	ntry			8. This corporation owes the current	it year Inta	angible	
<del>-</del>		<del></del>	•	30	٠		ļ	Personal Property Tax.	•		<b>⊉</b> No
24	25	29		30				10. Name and Address of New Re	gistered /		
	9. Name and Address of Current			<del></del> -	81	Name		TO. Hallie and Address of New York	8,010.04.	-8	
		J /			°'	Name					*
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	•				84	City		The second of th		85 Zip C	ode
		-			ΙÍ	•			FL		
TOATS ON TOP	to the provisions of Sections 607.0502	and 607	1508 Florida Statute	es, the a	bove	-named corr	rpora	ation submits this statement for the p	urpose of	changing its r	egistered
office or n	edistered agent, or both, in the State of	Florida.	Such change was a	uthorized	by t	the corporati	tion's	s board of directors. I hereby accept	the appoir	ntment as reg	istered
8º agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, S	ection 607.0505, Flo	rida Stat	utes.						
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SIGNATURE	Signature, typed or printed name of registered agent	and title if a	oplicable. (NOTE:	Registered	Agent	t signature require	ired w	hen reinstating)	DATE		
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 12
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**FILED** Jan 26, 1999 8:00am **Secretary of State** 

01-26-1999 90045 016 \*\*\*150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/15/1995

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 trastee 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: