## 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 # P95000085075 1. Corporation Name

F & N CANNON, INC.

		·						
Principal Place of Business Mailing Address					- 1 (802100) 113 (819) DEST ONLY ONLY BRIST A.	11 <b>01 10181 0</b> 1211 00111 1000 0111 17	111	
4941 SOUTH LAKE DR. 4941 SOUTH LAKE DR.								
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436								
					DO NOT WRITE IN TI	IIS SPACE	—	
					3. Date Incorporated or Qualifed			
					11/02/1995	Annied For		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For Not Applica		
26       Suite Ant # etc.   Suite Apt. #, etc.					65-0621416	\$8.75 Additional		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certifcate of Status Desired			<u>'</u>		
City & State	e	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be	1	
23		28			Trust Fund Contribution	Added to Fees .	_	
Zip	p Country Zip Coi			a. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒No				
2-9	9. Name and Address of Currer		<u>-                                    </u>		10. Name and Address of New Register	ed Agent		
			81	Name	\$			
CANNON, FREDERICK 4941 SOUTH LAKE DR. BOYNTON BEACH FL 33436			82	Street Address (P.O. Box Number is Not Acceptable)				
				Çir bor 7 ida 7	GREET Add 655 (1.50. Box Hallison to Not Not State of the Control			
			83	83				
			84	City	194 pr. 47 (8 12 500) 344 9 (4 4 6 0 2 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Côde	, ¢2, 1	
				•	<b></b>	·L	`	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was autr	norized by	tne corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	of changing its registered pointment as registered	<b>3</b> a	
SIGNATURE		(NOTE P	agistared Agen	t nimeture required	when reinstating)		ړ٠. }	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS			13.					
TITLE	P	☐ DELETE	1,1 TITLE		्राञ्च एक्ट्रीय जन्म दक्षा न स			
NAME	CANNON, FREDERICK		1.2 NAME				ļ	
STREET ADDRESS	4941 SOUTH LAKE DR.		1.3 STREET	ADDRESS	•		1	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST		**		ŀ	
TITLE	ST	☐ DELETE	2.1 TITLE			Change Add	dition	
NAME	CANNON, NOREEN M		2.2 NAME			•	- 1	
STREET ADDRESS	4941 SOUTH LAKE DR.		2.3 STREET	ADDRESS	,	•		
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change Add	dition	
NAME ,	1		3.2 NAME				Ì	
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CITY-ST-ZIP		·	3.4. CITY-S	T-ZIP	1 - 1 <u>2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u>	had bridge	11 1	
TITLE		☐ DELETE	4.1 TITLE		1. 作ませた (環) 開発	Change Add	dition	
NAME			4. 2 NAME					
STREET ADDRESS	•		4.3 STREET	ADDRESS			.	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITLE			Change Add	dition	

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

**FILED** 

Feb 11, 1999 8:00am

Secretary of State 02-11-1999 90010 033 \*\*\*150.00

☐ Change

☐ Addition