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

PROFIT CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIP

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90070 010 ***150.00

DOCUMENT # 1950000 89383										
Albert Commings Enterprises, Inc.						7/9247 - 900/0 - 10				
Hibert Comminds Citethings! Tire,										
Principal Plac	e of Business	Mailing Address	-	<u> </u>						
1607-16th Ave. E. 810-11th St. East						•				
Palmetto, FT. 34221 Braden						DO NOT WRITE IN THIS SPACE				
Palmello, 4.0 Mai				3420	გ [3. Date incorporated or Qualified				
2. Principal P	lace of Business	2a. Mailing Address			-	4. FEI Number Applied For				
il		26				<u>65-06266</u>	731		t Applicable	ĺ
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			[5. Certificate of Status Desire	d []	\$8.75 A Fee Re		
City & Stat	e	City & State				6. Election Campaign Finance	ing [\$5.00	May Be	
Zin	Country	Zip Country				- Trust Fund Contribution - Added to Fees				
Zip 4			30	_ ,		8. This corporation owes the current year Intangible Personal Property Tax.			□No	
	Name and Address of Current Registered Agent			745		10. Name and Address of No	w Registere	d Agent]
Faye Butler 82 Street Ad					<u> HI</u>	<u> Dert Cummi</u>		<u>)r. </u>]
				82 Street	Addres:	s (P.O. Box Number is Not Acc				
2301 A-9#St. E.				83]
Bradenton, FT. 34208					\.C.	daalaa	F	85 Zip C		1
11 Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named coroor						Tenton ation submits this statement for	the purpose of	of changing its	registered	
office or a agent, 1 a	egistered agent, or both, in the State of m families with, and accept the obligation	Florida. Such change wans of, Section 307.0505,	as authorized , Florida Statt	by the corportes.	oration's	s board of directors. I hereby a	ccept the app	ointment as rec	jistered	-
SIGNATURE Signature, typed or plinted name of registered agent and title if synficable. (NOTE: Registered Agent signature required with							4/2	0199		
12.	OFFICERS AND	L	13.			ADDITIONS/CHANGES TO	OFFICERS A			2
TITLE	bD	☐ DELETE	4		}			Change	Addition	1
NAME STREET ADDRESS	Cummings, Jessie 810-11t <u>#</u> St. Enst	-	1.2 NA 13 ST		810	-11th St.E.				3
CITY-ST-ZIP	Bradenton, FI. 342	RO.		1.4 CITY-ST-ZIP		identon, FI. 39	1908			6
TILE	VPO	☐ DELETE	2.1 111	2.1 TITLE				Change	☐ Addition	(
NAME	NUMBER OF THE PROPERTY OF THE		22 NA						,	}
STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						}
RTLE	SD	DELETE	3.1 7/1	LE	_			☐ Change	☐ Addition	}
IAME	Commings Alber	t-01:	3.2 NA				·			
STREET ADDRESS	1607-161 Au.E. Palmetto, FI. 34221		. I	REET ADDRESS TY-ST-ZIP					{	{
TILE	\mathcal{T}	☐ DELETE		4.1 TITLE				☐ Change	☐ Addition	
IAME	Commings, Albert 160716th Au.E.	-Sr.		4, 2 NAME					Ì	{
STREET ADDRESS CITY-ST-ZIP	1607-1604 HU.E. Palmetto, FT. 34221			4.3 STREET ADDRESS 4.4 City-St-ZiP					}	1
TITLE	Tallie HO, FI. O TOAL	☐ DELETE		4.4 CITY-ST-ZIP				Change	Addition	1
IAME		,	8	5.2 NAME						l
STREET ADDRESS			2	5.3 STREET ADDRESS					l	
CITY-ST-ZIP		☐ DELETE		5.4 CITY-ST-ZIP 6.1 TITLE			 -	[] Change	Addition	
MAME			ME .		Λ.			ļ		
STREET ADDRESS			6	REET ADDRESS Y-ST-ZIP		ξ.	•••			}
CITY-ST-ZIP			0.4 Cit	1-01-41						J

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.

Jessie Commings 4/20199 941-748-3407