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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000096818

1. Corporation Name

COOD & CUN INO

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90092 022 \*\*\*150.00

FUUD &	t FUN, ING.								
Principal Place	e of Business	Mailing Address				-{	08HI 48HI 1		101 (100) (01) 1 <b>35</b> )
4329 LAFAYETTE STREET P.O. BOX 940 MIRIANNA FL 32446 MARIANNA FL 32447						DO NOT WRITE	= IN THI©	SPACE	
						3. Date incorporated or Qualifed 12/21/1995	- 11 11110	SINOL	
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26			-	59-3353227-	>		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	_	intry		8. This corporation owes the currer	nt year Inta		F3
24	25	29	30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curr	ent Registered Agent			<del>.</del>	10. Name and Address of New Re	gistered /	Agent	
LIAD	DUNIO ALLEM D		ļ	81	Name				ļ
HARKINS, ALLEN D 4329 LAFAYETTE STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
MIRI	ianna FL 32446			83					ì
			,	84	City		FL	85 Z	p Code
office or r	registered agent, or both, in the Statum familiar with, and accept the obliging signature, typed or printed name of registered a	te of Florida. Such change was gations of, Section 607.0505, Fi	authorized Iorida Stati	utes.	the corporation	oration submits this statement for the p n's board of directors. I hereby accept	the appoir	ntment as	registered
12.		AND DIRECTORS	13,	Agen	it signature required	ADDITIONS/CHANGES TO OFFI		D DIREC	TORS IN 12
TITLE	PSTD	DELETE	1.1 70	TLE		777777777	•	Chang	
NAME	HARKINS, ALLEN D	_	1.2 NA						1
STREET ADDRESS	OAGE ATIL OT		1		ADDRESS				}
City-ST-ZIP	MARIANNA FL 32446			TY-ST	1			4	J
TITLE	INTERIOR DE LA CONTRACTOR DE LA CONTRACT	☐ DELETE	2.1 TI						e Addition
NAME								☐ Chang	
STREET ADDRESS			2.2 NA					☐ Chang	_
CITY-ST-ZIP				AME	ADORESS .			☐ Chang	
TITLE			2.3 ST	AME	1				
NAME		☐ DELETE	2.3 ST	AME TREET	1			☐ Chang	ge Addition
		<u>-</u>	2.3 ST 2.4 C	AME TREET CITY-S' TLE	1				e Addition
STREET ADDRESS		<u>-</u>	2.3 ST 2.4 C 3.1 TT 3.2 N	AME TREET CITY-S TLE AME	1	·			e Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/4 3.3 ST	AME TREET CITY-S TLE AME	T-ZIP			☐ Chanç	
		<u>-</u>	2.3 ST 2.4 C 3.1 TT 3.2 N/4 3.3 ST	AME TREET TILE AME TREET	T-ZIP				
CITY-ST-ZIP		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. C	TREET TLE AME TREET TTY-S' TLE	T-ZIP			☐ Chanç	
CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4. 2 NA	AME TREET TLE AME TREET TREET TTY-S TLE IAME	T-ZIP			☐ Chanç	
CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI	AME TREET TILE AME TREET TILE LAME TREET TILE LAME TREET	T ADDRESS T ADDRESS			☐ Chang	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. C 4.1 TT 4. 2 N. 4.3 ST 4.4 CI 5.1 TT	TREET TILE TREET TILE TREET TILE TILE TILE TILE TILE TILE TITY-S' TILE TITY-S' TILE	T ADDRESS T ADDRESS			☐ Chanç	ge Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1 3.4 C 4.1 TT 4.2 N/ 4.3 S1 4.4 CI 5.1 TT 5.2 N/ 5.3 S1	AME TREET TILE AME TREET TILE TREET TILE TITY-SI TILE AME TITY-SI TILE AME TITREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Chang	ge Addition
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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: \_