## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000007717

FOAMIT, INC.

## FILED Sep 20, 1999 8:00 am Secretary of State

09-20-1999 90003 039 \*\*\*550.00



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Principal Place				ailing Address								
4900 ANTIOCH ROAD CRESTVIEW FL 32536				4900 ANTIOCH ROAD Crestview FL 32538				DO NOT WE	FF IN TUIC	CDACE		
								3. Date Incorporated or Qualified	E IN THIS	SPACE		
								01/22/1996				
2. Principal Place of Business				Mailing Address				4. FEI Number			Applie	
21			26					59-3367387				pplicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7		
22											Requi	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be				
23				28				Trust Fund Contribution		Add	ed to F	ees
Zip	L Co	ountry	<u></u>	Zip		intry		8. This corporation owes the curr	ent year	٦.,	$\mathbf{m}'$	_
24	25		29		30	_		Intangible Personal Property.		_ Yes	N	2
	9. Name and A	ddress of Current I	Regis	tered Agent		04		10. Name and Address of New F	egistered	Agent		
ЮЬ	INCON TOWN W					81	Name					
JOHNSON, JOHN W						82	Street Addre	ess (P.O. Box Number is Not Accepta	ple)		<u> </u>	
4900 ANTIOCH ROAD				•								
CRESTVIEW FL 32536				•		83						
						84	City		FL	85 Z	ip Cod	е
11. Pursuant	to the provisions of	anotions 607 0502 a	and 60	77 1508 Florida Statute	e the ah	OVE-	named comor	ation submits this statement for the pu		anging its	regist	ered
office or a	registered agent, or am familiar with, and	both, in the State of	f Florid	da. Such change was a f, section 607.0505, Flo	authorized orida Stat	d by lutes	the corporatio	ation submits this statement for the pun's board of directors. I hereby accept	t the appoi	ntment as	regist	ared
SIGNATURE		AK Com		- LOHN K	$\sqrt{\Delta}$	04	NSON_		DATE			
	Signature typed or printed	name of registered agent at OFFICERS AND			13.	ered A	gent signature requi	red when reinstating) ADDITIONS/CHANGES TO OF		ID DIREC	TORS	IN 12
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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 or an association of the corporation of the corporation of 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 or as association of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

689-1664