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

PROFIT CORPORATION ANNUAL REPORT

1999

FERNHILL, INC.



DOCUMENT # P96000011522

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State 05-07-1999 90109 020 ***150.00

|--|--|--|--|--|

Principal Place	of Business	Mailing Address			- I TO THE PARTY SOURCE STATE SOURCE STATE	ILDAN EIBBU BINIB EIBIB IIBI 1991
10704 FERNHILL DRIVE		10704 FERNHILL DRIVE				
		RIVERVIEW FL 33569			DO NOT MOTE IN THIS	DBACE.
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE
					02/06/1996	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	ace of business	26			65-0641422	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	,.	27			5. Certifcate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the current year int	
24	25		30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent
TRO	CKE, MICHAEL T		01	Ivanie		
	EAST KENNEDY BOULEVARD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	E 2800		83	 		
	PA FL 33602		03			
			84	City	FL	85 Zip Code
	to the annulations of Continue 607 0500	2 and 607 1509 Elorida Statutor	e the abov	e-named com	poration submits this statement for the purpose of	changing its registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized by	the corporation	on's board of directors. I hereby accept the appoi	ntment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes	3.		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: 6	Panistarad Ana	nt aignature require	ed when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	VPS	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	SPITLER, LINDA S		1.2 NAME			
STREET ADDRESS	10704 FERN HILL DR		1.3 STREE	TADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY- 9	T-ZIP		
TITLE	Р	☐ DELETE	2.1 TITLE			Change Addition
NAME .	SPITLER, DANNY L		2.2 NAME			
STREET ADDRESS	10704 FERN HILL DR		2.3 STREE	TADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		2.4 CITY-	ST-ZIP		
TITLE	D	DELETE	3.1 TITLE			Change Addition
NAME	BRINLEY, DONALD L	₹	3.2 NAME			
STREET ADDRESS	2110 RAMBLEWOOD DR		3.3 STREE	TADORESS		
CITY-ST-ZIP	BRANDON FL		3.4. CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE	DO MON	Jt90 MER Y	4.1 TITLE			Change Addition
NAME	RICHARD A. TOR	UOCE	4. 2 NAME	1		
STREET ADDRESS	RICHARD A. MON 10704 FERN HIL RIVERVIEW , FL	22519		TADDRESS		
CITY-ST-ZIP	RIVERVIEW, Th	DELETE	4.4 CiTY-5	T-ZIP		Change Addition
11122	-	☐ NETE JE	5.1 TITLE 5.2 NAME			Country Charles
NAME				T ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	5.4 CITY-5 6.1 TITLE	91-4F		Change Addition
MLE		CI DELETE	6.2 NAME			
NAME				TADORESS		
STREET ADDRESS			6.4 CITY-5	!		

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:

8/3-67/-2537