Applied For Not Applicable \$8.75 Additional Fee Required **\$5.00** May Be Added to Fees

□No

Yes

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 # **P96000012489**1. Corporation Name

Principal Place of Business Mailing Address				_				
						s iddings, ses enes arter auter anter anter state eren		
5223 MESSINA LAKELAND FL 33813	5223 MESSINA LAKELAND FL 33813	,		,		DO NOT WRITE	E IN THIS	S SPACE
						Date Incorporated or Qualifed 02/05/1996		
2. Principal Place of Business	2a. Mailing Address				4.	FEI Number 59-3367423	-,	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			_	5.	Certifcate of Status Desired		\$8.
City & State	City & State			_	6.	Election Campaign Financing Trust Fund Contribution		\$5
Zip Country	Zip	Countr	у		8.	This corporation owes the currer Personal Property Tax.	nt year In	tangible Ye:
9. Name and Address of Cu	rrent Registered Agent				10.	Name and Address of New Re	gistered	Agent
MANZI-GARNER, DOROTHY J 5223 MESSINA LAKELAND FL 33813		82	2	Name Street Addre	ss (P	O. Box Number is Not Acceptab	le)	
ENVECTING LE 300 IO		183	1					

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90028 025 ***150.00



	•												
			84	City		· FL	85 Zi) Code					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE Stonature typed or ordered pame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
	Signature, typed or printed name of registered agent and title if applicable		13.	nt signatui	ADDITIONS/CHANGES 1		D DIRECT	ORS IN 12					
12.	OFFICERS AND DIRECTORS	DELETE			ADDITIONS/GITATOES I	0 0/1 102/10 / 11	Change						
TITLE	DPST CARREST DODGENY	C) OELETE	1.1 TITLE				C) onang						
NAME	MANZI-GARNER, DOROTHY J	•	1.2 NAME										
STREET ADDRESS	5223 MESSINA		1.3 STREE	TADDRES	is			ļ					
CITY-ST-ZIP	LAKELAND FL 33813		1.4 C/TY-S	T-ZIP									
TITLE	V	☐ DELETE	2.1 TITLE				Change	e 🗀 Addition					
NAME	GARNER, W J		2.2 NAME					İ					
STREET ADDRESS	5223 MESSINA		2.3 STREE	T ADDRES	ss								
CITY-ST-ZIP	LAKELAND FL 33813		2. 4 CITY-S	ST-ZIP									
TITLE		☐ DELETE	3.1 TITLE				Change	e 🗀 Addition					
NAME			3.2 NAME										
STREET ADDRESS	e e e e e e e e e e e e e e e e e e e	~_	3.3 STREE	T ADDRES	ss ·	* •	-						
CITY-ST-ZIP			3.4. CITY- S	T-ZIP									
TITLE		☐ DELETE	4.1 TITLE			•	Change	e 🔲 Addition					
NAME	*		4.2 NAME					ł					
STREET ADDRESS			4.3 STREE	T ADDRES	ss								
CITY-ST-ZIP			4.4 CITY-S	T-ZIP									
TITLE	·	DELETE	5.1 TITLE		1		Chang	e Addition					
NAME			5.2 NAME					- ′ ″					
STREET ADDRESS			5.3 STREE	T ADDRES	ss			}					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP									
TITLE	S. 44	☐ DELETE	6.1 TITLE				Chang	e 🔲 Addition					
NAME			6.2 NAME					İ					
STREET ADDRESS	· · · · · ·		6.3 STREE	T ADDRES	ss			ł					
CITY-ST-ZIP			6.4 CITY-S										
14. I hereby o	certify that the information supplied with this filing doe	s not qualify for the	exempt	ion sta	ted in Section 119.07(3)(i), Florida Sta	tutes, I further cer	tify that the	et Laman					

ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in administration and the internal section of the control of the indicated on this annual report or supplier officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

SIGNATURE: