2001 UNIFORM BUSINESS REPORT (UBA)

SIGNATURE: 2

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DOCU	JMENT # P9600002] · · · · · · · · · · · · · · · · · · ·						
ANNAN, INC.				FILE)		
Principal Place of Business Mailing Address			`		01 JUN 29 PH 4: 02				
1400 US 92 West Winter Haven, FL133881					SECRETARY OF STATE				
		•			TALLA	HASSEE, F	FLORIDA		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	FEI Number 59-3631064			plied For t Applicable	
Zip	Country	Zip Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
Tyler Bowen				Name					
Winter Haven, FL 33881				Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	•	
8. The above	e named entity submits this statement fo	r the purpose of changing its re	gistered office	or registered a	gent, or both, in the State of	f Florida.	- ^		
SICVATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	legistered Agent sign:	ature required when	reinstating)	DATE			
9. This Torpe	oration is eligible to satisfy its Intangible	FILE NOWI!!	FEE IS \$150	0.00					1
Tax filing requirement and elects to do so. After MAY 1, 2001 (See criteria on back) After MAY 1, 2001			Fee will be	550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND	DIRECTORS	12.	Al	DDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	IN 11	1_
TITLE	President	XX Delete	TITLE	Presi		1	☐ Change	X Addition	8
NAME STREET ADDRESS	Debra Richards	NAME STREET ADDRESS	1 -	yler Bowen					
CITY-ST-ZIP	1400 US 92 West Winter Haven, FL	33881	CITY-ST-ZIP		US 92 West er Haven, FL	33881		,	CR2E034 (11/00)
TITLE	Secretary	XXDelete	TITLE	Secre		33001	☐ Change	X Addition	ĮŽ.
NAME.	Debra Richards		NAME	1	Bowen	1	_	-	١٥
STREET ADDRESS CITY-ST-ZIP	1400 US 92 West		STREET ADDRESS	1400	US 92 West				
	Winter Haven, FL		CITY-ST-ZIP	i i	er Haven, FL	_33881_			-{
TITLE NAME	Treasurer Debra Richards	X Delete	NAME	Treas			☐ Change	Addition	
STREET ADDRESS	1400 US 92 West		STREET ADDRESS		Bowen US 92 West		•		
CITY-ST-ZIP	Winter Haven, FL	33881	CITY-ST-ZIP	Winte	er Haven, FL	33881			
TITLE	Director	XX Delete	TITLE	Direc		ı	☐ Change	X Addition	
NAME STREET ADDRESS	Debra Richards		NAME STREET ADDRESS		Bowen	1	•		
CITY-ST-ZIP	1400 US 92 West Winter Haven, FL	22001	CITY-ST-ZIP	1	US 92 West	22001			
TITLE	winter haven, Fu	Delete	TITLE	WINTE	er Haven, FL	_33881	☐ Change	☐ Addition	1
NAME			NAME	1	០០០០០០	14475	53:8D		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			/13/01\ ***61.25	01103 *****		
TITLE		□ Delete	TITLE ***		* 1 m-	•	Change	Addition	1
NAME			NAME			4475	:3 <u>9</u> 0		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		-07/	13/01()1103(*****	ງປ! ⊭8.75	
13. 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 report or supplemental 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 received of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a address, with all other like empowered.									
changed,	, or on an attachment with at address, w	ith all other like empowered.			salatos, and that my m	ao apposis ii	5.00 11 01	50 12 !!	1

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