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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600034060 1. Corporation Name

COIPOIAGON WAINE

LAND-JET, INC.

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90013 028 ***150.00

					F				
Principal Place	e of Business	Mailing Address							
5115 W KNOX		5429 SHELL ROAD							
TAMPA FL 33634		LAND O'LAKES FL 34639				DO NOT WRITE IN THIS SPACE			
US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/15/1996 Applied For Sp-3381785 Not Applicable Apt. #, etc. 5. Certifcate of Status Desired Fee Required Fee Required						
			3. Date Incorporated or Qualifed						
2 Principal Pl	lace of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 04/15/1996 4. FEI Number 59-3381785 etc. 5. Certifcate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be						
	,	26							
21 Suite Ant	# etc	Suite, Apt. #, etc.							
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired		. 1	
City & State	Φ.	City & State				& Stortion Compaign Financing	\$5.00	May Po	
		28				Trust Fund Contribution	Added t		
Zip	Country	Zip	Cou	ntrv		8. This corporation owes the current year			
24	25	_ 	30	,		Personal Property Tax.		□No	
24	9. Name and Address of Currer		,			10. Name and Address of New Register	ed Agent		
				81 N	ame				
ANT	ONIO, JANINE A	•							
	9 SHELL ROAD			82 St	treet Addre	ess (P.O. Box Number is Not Acceptable)			
	D O'LAKES FL 34639			83		A SAME TO SAME	9 8	11111111111	
							1300 門海道	产(3):13	
				84 Ci	ity		85 Zip C	Öde	
tib agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the obligations of the section of	itions of, Section 607.0505, Flori	da Stati	ites.	•	oration submits this statement for the purpose on's board of directors. I hereby accept the ap		registered gistered	
SIGNATURE	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE:	da Statt	ites.	•	d when reinstating) t; DATE			
signature	m familiar with, and accept the obligation of registered age OFFICERS AN	nt and title if applicable. (NOTE:	Registered	Ites.	•		AND DIRECTO		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND	nt and title if applicable. (NOTE:	Registered 13.	Agent sign	•	d when reinstating) t; DATE			
signature	Signature, typed or printed name of registered age OFFICERS AND GILCHRIST, GAIL D	nt and title if applicable. (NOTE:	Registered 13. 1.1 TIT	Agent sign	nature required	d when reinstating) t; DATE	AND DIRECTO		
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AND D GILCHRIST, GAIL D 870 19TH AVENUE NORTH	nt and title if applicable. (NOTE:	Registered 13. 1.1 TIT	Agent sign	nature required	d when reinstating) t; DATE	AND DIRECTO		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

813-243 8636