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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000049862

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90039 021 \*\*\*150.00

WITS NO WIEADOWS, INC.								
Principal Place of Business	Mailing Address				-	1819 ES18	i ieriā di	118 1181 48EL
1331 CENTER ST. 1331 CENTER ST. WAVERLY FL 33877 WAVERLY FL 33877					DO NOT WRITE IN THIS	SDACI	=	
						SPACE	•	
					3. Date Incorporated or Qualifed 06/10/1996			ţ
2. Denoted Blood of Rusings	2a. Mailing Address				4. FEI Number	$ \top$	Appl	lied For
2. Principal Place of Business	26 P. O. Bo	ų ∓			59-3375698	F	<del></del> -	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>				\$8.		iditional
22	27				5. Certificate of Status Desired	Fe	ee Req	uired
City & State	City & State				6. Election Campaign Financing	\$5	.00 N	May Be
23	28 Waverly	y YL	_		Trust Fund Contribution	Ac	ded to	Fees
Zip Country	Zip/	Cou	uptry	NΚ	This corporation owes the current year Inter-			_
24 25	29 33871	30	<u> 40</u>	<u> </u>	Personal Property Tax.	Yes	s L	□No
9. Name and Address of Curre	nt Registered Agent		<del></del> _		10. Name and Address of New Registered	Agent		
MANAGEMENT CONTROL IN			81	Name				
JOHNSTON, BRUCE W			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
1331 CENTER ST.								
WAVERLY FL 33877			83					
			84	City		85	Zip Co	ode
					FL FL			
agent. I am familiar with, and accept the obliga	of Florida. Such change wa	s authorized	d by tr	he corporation	oration submits this statement for the purpose or on's board of directors. I hereby accept the appoin	ntment	as regi	stered
SIGNATURE Signature, typed or printed name of registered age	ent end title if applicable. (N	OTE: Registered	d Agent	signature required	d when reinstating) DATE			<del></del> - ,
· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRI	ECTOR	IS IN 12
TITLE D	☐ DELETE	1.1 T	TLE			Ch	ange	Addition
NAME JOHNSTON, BRUCE W		1.2 N	IAME					
STREET ADDRESS 1331 CENTER ST.		135						
CITY-ST-ZIP WAVERLY FL 33877		1.00	TREET	ADDRESS				j
TITLE TS		•	TREET A					
NAME JOHNSON, PATSY	DELETE	•	ITY-ST-		<u></u>	Ch	ange	☐ Addition
	DELETE	1.4 C	ITLE			Ch	ange	☐ Addition
STREET ADDRESS 1331 CENTER ST	DELETE	1.4 CI 2.1 TI 2.2 N	ITY-ST- ITLE IAME			□ Ch	ange	☐ Addition
1	☐ DELETÉ	1.4 Cl 2.1 Tl 2.2 N 2.3 S	ITY-ST- ITLE IAME	ADDRESS				
MAN STOLLY CO	☐ DELETÉ	1.4 C 2.1 Ti 2.2 Ni 2.3 S 2.4 C	CITY-ST- TILE LAME STREET A	ADDRESS		□ Ch		Addition
CITY-ST-ZIP WAVERLY FL		1.4 CI 2.1 TI 2.2 NJ 2.3 S <sup>2</sup> 2.4 C	CITY-ST- TILE  LAME STREET A CITY-ST- TILE	ADDRESS				
CITY-ST-ZIP WAVERLY FL TITLE		1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	CITY-ST- ITLE LAME STREET A CITY-ST TITLE LAME	ADDRESS				
CITY-ST-ZIP WAVERLY FL TITLE NAME		1.4 CD 2.1 TI 22 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S	CITY-ST- ITLE LAME STREET A CITY-ST TITLE LAME	ADDRESS ADDRESS ADDRESS		□ Ch	ange	Addition
CITY-ST-ZIP WAVERLY FL TITLE NAME STREET ADDRESS		1.4 CD 2.1 TI 22 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S	CITY-ST- TITLE  IAME TREET A CITY-ST- TITLE  IAME STREET A CITY-ST-	ADDRESS ADDRESS ADDRESS			ange	
CITY-ST-ZIP WAVERLY FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	1.4 Cl 2.1 Tl 2.2 N 2.3 S' 2.4 C 3.1 Tl 3.2 N 3.3 S' 3.4 C 4.1 Tl	CITY-ST- TITLE  IAME TREET A CITY-ST- TITLE  IAME STREET A CITY-ST-	ADDRESS ADDRESS ADDRESS		□ Ch	ange	Addition
CITY-ST-ZIP WAVERLY FL  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME	☐ DELETE	1.4 Cl 2.1 Ti 2.2 Ni 2.3 S' 2.4 Cl 3.1 Ti 3.2 Ni 3.3 S' 3.4 Cl 4.1 Ti 4.2 Ni	CITY-ST- TITLE  LAME STREET A CITY-ST TITLE  LAME STREET A CITY-ST TITLE  NAME	ADDRESS ADDRESS ADDRESS		□ Ch	ange	Addition
CITY-ST-ZIP WAVERLY FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	☐ DELETE	1.4 Cl 2.1 Ti 2.2 Ni 2.3 S' 2.4 Cl 3.1 Ti 3.2 Ni 3.3 S' 3.4 Cl 4.1 Ti 4.2 Ni 4.3 S'	CITY-ST- TITLE  LAME STREET A CITY-ST TITLE  LAME STREET A CITY-ST TITLE  NAME	ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESS		□ Ch	ange	Addition
CITY-ST-ZIP WAVERLY FL  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME	☐ DELETE	1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 CI 3.1 TI 3.2 N. 3.3 S' 3.4 CI 4.1 TI 4.2 N. 4.3 S' 4.4 CI	CITY-ST- TILE  LAME STREET A CITY-ST TILE LAME STREET A CITY-ST TILE NAME STREET A CITY-ST-	ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESS		□ Ch	ange	Addition
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CITY-ST-ZIP WAVERLY FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	☐ DELETE	1.4 Cl 2.1 Ti 2.2 N 2.3 S' 2.4 Cl 3.1 Ti 3.2 N 3.3 S' 3.4 Cl 4.1 Ti 4.2 N 4.3 S' 4.4 Cl 5.1 Ti 5.2 N 5.3 S'	CITY-ST- TILE  LAME  CITY-ST- TILE  LAME  STREET A  CITY-ST- TILE  NAME  STREET A  CITY-ST- TILE  WAME	ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESSZIP		□ Ch	ange	Addition  Addition
CITY-ST-ZIP WAVERLY FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	☐ DELETE	1.4 Cl 2.1 Ti 2.2 N 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4.2 N 4.3 S' 4.4 Cl 5.1 Ti 5.2 N 5.3 S' 5.4 C	CITY-ST- TITLE  LAME  STREET A  CCITY-ST TITLE  LAME  STREET A  CCITY-ST TITLE  LAME  STREET A  CLITY-ST TITLE  LAME  CLITY-ST TITLE  CLITY-ST TIT	ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESSZIP		□ Ch	ange	Addition  Addition
CITY-ST-ZIP WAVERLY FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DELETE	1.4 CC 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.1 T	CITY-ST- TITLE  LAME  STREET A  CCITY-ST TITLE  LAME  STREET A  CCITY-ST TITLE  LAME  STREET A  CLITY-ST TITLE  LAME  CLITY-ST TITLE  CLITY-ST TIT	ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESSZIP		□ Ch	ange	Addition Addition Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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:

941-439-6131