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 # P96000053685

1. Corporation Name

Suite, Apt. #, etc.

25

ISAAC, ROBERT A

210 SPINDRIFT LANE

City & State

21

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23 Zip

24

ISAAC HUWES, INC.					
Principal Place of Business	Mailing Address				
210 SPINDRIFT LANE NEPTUNE BEACH FL 32266	210 SPINDRIFT LANE NEPTUNE BEACH FL 32266				
2. Principal Place of Business	2a. Mailing Address				

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9. Name and Address of Current Registered Agent

Zip

Suite, Apt. #, etc.

City & State

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90073 012 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

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\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

06/24/1996 4. FEI Number

59-3396853

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

NEPTUNE BEACH FL 32266		Ĺ.,				
		8	3		· · ·	
	•	8	4 City		FL 85 Zip C	Code
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office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Sta egistered agent, or both, in the State of Florida. Such change warm familiar with, and accept the obligations of, Section 607.0505, to	s authorized b	y the con	d corporation submits this statement for the population's board of directors. I hereby accept	ourpose of changing its the appointment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NC	OTE: Registered Ag	ent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12
TITLE	PVTS DELETE	1,1 TITLE		,	☐ Change	☐ Addition
NAME	ROBERT A. ISAAC	1.2 NAME				
STREET ADDRESS	210 SPINDRIFT LANE	1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	NEPTUNE BCH FL	1.4 CITY-	ST-ZIP			
TITLE	DELETE	2.1 TITLE			Change	Addition
NAME	•	2.2 NAME		. ,		
STREET ADDRESS		2.3 STRE	ET ADDRESS		, ,	
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NAME	\mathcal{F}_{ij}	5.2 NAME				
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CITY-ST-ZIP		6.4 CITY-		<u></u>		
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Country

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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: