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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054910

1. Corporation Name

LICUCDOLIND DDODEDTIES INC

499 N FERDON BLVD CRESTVIEW FL 32538 US 3. Date Incorporated or Qualified 06/26/1996 2. Principal Place of Business 2a. Mailing Address 2a. Mailing Address 2b. 499 N. FERDON BLVD 3c. FERDON BLVD 3c. FERDON BLVD 59-3392 In Status 2c. First State Suite, Apt. #, etc. 2c. Scriffcate of Status Desired 2d. City & State 3c. Country 3c. C	Principal Plac	e of Business	Mailing Address	<u></u>				
3. Date Incorporated or Qualified 06/26/1996 2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 2. Amailing Address 2. Et Number 2. Et Number 3. Suite, Apt. #, etc. 3. Criticate of Status Desired	499 N FERDON CRESTVIEW FL	i BLVD	499 M FERDEM B.YD CRESTVIEW FL 32536			DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.	US		05			3. Date incorporated or Qualifed		
S. Certificate of Status Desired Fee Required	⊢	Place of Business		ROON	1 BLV	D 59-3392163	Not Applicable	
City & State City & State City & State City & State Stelection Campaign Financing S5.00 May Be Added to Fees	—	#, etc.						
Zip	City & Stat	te				, , , , , , , , , , , , , , , , , , , ,		
9. Name and Address of Current Registered Agent BEDNAR, MARK A 11 E ZARAGOZA ST PENSACOLA FL 32501 83 City FL 85 Zip 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS IN 12 TITLE DOS DOS DELETE 1.1 TITLE DOS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition NAME STREET ADDRESS PENSACOLA FL 1.2 VAME 1.3 STREET ADDRESS PENSACOLA FL CLARK, TIMOTHY STREET ADDRESS STREET ADDRESS OFFICENS AND BLVD 2.3 STREET ADDRESS OFFICENS AND BLVD OCCURRENT AGREEMENT AGENCY 2.2 STREET ADDRESS OFFICENS AND BLVD OCCURRENT AGREEMENT AGENCY 2.3 STREET ADDRESS	Zip	_ '	Zìp		у	Personal Property Tax.	es □No	
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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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NAME BEDNAR, MARK A STREET ADDRESS CITY- ST-ZIP TITLE D CLARK, TIMOTHY STREET ADDRESS OFFICENS NILVE SIGNATURE STrEET ADDRESS OFFICENS AND DIRECTORS 1.4 CITY-ST-ZIP TITLE D CLARK, TIMOTHY STREET ADDRESS OFFICENS AND BLVD OATE 1.4 CITY-ST-ZIP TITLE CLARK, TIMOTHY STREET ADDRESS OFFICENS AND BLVD OATE 1.4 CITY-ST-ZIP OCHANGE CLARK, TIMOTHY STREET ADDRESS OFFICENS AND BLVD OATE 1.5 STREET ADDRESS OCHANGES OCHANGES OCHANGES OCHANGES STREET ADDRESS OCHANGES				81	Name			
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NAME CADENHEAD, ROBERT 32 NAME		-	_	3.2 NAME				
STREET ADDRESS 499 N FERDON BLVD 33 STREET ADDRESS		1			- 1			

CITY-ST-ZIP ST CRESTVIEW FL 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

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SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

CRESTVIEW FL

BLOCKER, KEN

CRESTVIEW FL

TEEL, BRUCE B

CRSTVIEW FL

DOP

499 N FERDON BLVD

499 N FERDON BLVD

GEORGE, KERMIT H

499 N FERDON BLVD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-49

Change

☐ Change

☐ Change

☐ Addition

☐ Addition

Addition