

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90160 024 \*\*\*150.00

**DOCUMENT # P96000063165**

1. Corporation Name

**MY FRIEND & ME, INC.**

Principal Place of Business

**110 W OAK ST  
ARCADIA FL 34266  
US**

Mailing Address

**6546 PINWOOD LN  
PUNTA GORDA FL 33982  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/25/1996**

4. FEI Number

**59-3394064**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip Country

Zip Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, SALLY U.  
6540 PINWOOD LANE  
PUNTA GORDA FL 33982**

81. Name

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

83.

84. 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 office or 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST** ☐ DELETE  
NAME **HALL, BEVERLY**  
STREET ADDRESS **23465 HARBORVIEW RD #623**  
CITY-STATE-ZIP **CHARLOTTE HARBOR FL**

11. TITLE ☐ Change ☐ Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY-STATE-ZIP

TITLE **P** ☐ DELETE  
NAME **JONES, SALLY U**  
STREET ADDRESS **6540 PINWOOD LN**  
CITY-STATE-ZIP **PUNTA GORDA FL 33982**

21. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

31. TITLE ☐ Change ☐ Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

41. TITLE ☐ Change ☐ Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

51. TITLE ☐ Change ☐ Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

61. TITLE ☐ Change ☐ Addition  
62. NAME  
63. STREET ADDRESS  
64. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Time/Phone #

**SALLY U. JONES** **SALLY U. JONES** **3-12-99** **(941) 993-4438**

CR2E034 (11/98)