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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90114 002 ***150.00

	1999 DIVISION OF CORPORATIONS					SNC	02-20-1999 90114 002 ***150.00	
DOCU	MENT # P9600	0075	518				_	
i. Corporatio	III IVAIII C		0.0					
METHIC	K ENTERPRISES, INC.						1 (18) (18) (18) (18) (18) (18) (18) (18	
and the state of t								
Principal Place of Business Mailing Address								
8054 SPRING HILL DRIVE 8054 SPRING HILL DRIVE								
SPRING HILL FL 34606 SPRING HILL FL 34606							DO NOT INDICE IN THIS ORACE	
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
							09/09/1996	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For	
21 26							59-3400182 Not Applicable	
Suite, Apt.	uite, Apt. #, etc.	#, etc.			5. Certificate of Status Desired \$8.75 Additional			
22 City 8 Ct-							Fee Required	
City & State City & State							6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	p Country Zip			Cour	Country 8. This corporation owes the current year Intangible			
24	25 29 30			30	Personal Property Tax. ☐ Yes ☐ No			
	Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
I EN	FORD, MELISSA				81	Name	•	
8054 SPRING HILL DRIVE					Street Addr	ress (P.O. Box Number is Not Acceptable)		
	SPRING HILL FL 34606							
					83			
					84 City FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.0	502 and 607	.1508, Florida Statute	es, the ab	ove	-named corp	oration submits this statement for the purpose of changing its registered	
office or a	registered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. igations of, S	Such change was au ection 607,0505. Flor	ithorized ida Statu	by t tes.	he corporation	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,							
	Signature, typed or printed name of registered				\gent	signature require	d when reinstating} DATE	
12.	D	AND DIRECT	DELETE	13.	E	- 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	LEDFORD, MELISSA		1.2 NAME					
STREET ADDRESS	4454 0000HO 1HI DD					ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606				1.4 CITY-ST-ZIP		·	
TITLE	D DELETE			2.1 TITL	2.1 TITLE		Change Addition	
NAME	DOWNING, RICHARD			2.2 NAM	2.2 NAME			
STREET ADDRESS				2.3 STR	2.3 STREET ADDRESS		·	
CITY-ST-ZIP	SPRING HILL FL 34606			_	2.4 CITY-ST-ZIP 3.1 TITLE		DALES.	
TITLE			☐ DELETE				Change Addition	
NAME STREET ADDRESS				3.2 NAA		ADDRESS		
CITY-ST-ZIP				3.4. CIT				
TITLE	DELETE				4.1 TITLE		☐ Change ☐ Addition	
NAME				4. 2 NA			-	
STREET ADDRESS				4.3 STR	EET/	ADORESS		
CITY-ST-ZIP				4,4 CITY		ZIP		
TITLE			☐ DELETE	5.1 TITL			Change Addition	
NAME				5.2 NAN		ADDRESS	·	
STREET ADDRESS				5.3 STR				
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITL		· LIF	Change Addition	
NAME			_ 515	6.2 NAM			Country Cumping	
STREET ADDRESS						ADDRESS	·	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP