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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000079892

1. Corporation Name

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90028 025 ***150.00

•	Mark W	HISNER INC.							
Pri	incinal Place	e of Business	Mailing Address				-		1910 10110 Ital 1881
			6510 LENOIR DRIVE						
6510 LENOIR DRIVE 6510 LENOIR DRIVE PORT RICHEY FL 34668 PORT RICHEY FL 34668									
						DO NOT WRITE IN THIS SPACE		· ————————————————————————————————————	
			•				3. Date Incorporated or Qualifed		
							09/23/1996		
2.	Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	-	Applied For
21			26				59-3396897		Not Applicable
	Suite, Apt.	#, etc.	- Suite, Apt. #, etc.	سەمىست 🕶		* ***	5. Certificate of Status Desired		5 Additional
22			27						Required
\Box	City & State	State City & State					6. Election Campaign Financing		May Be
23		28					Trust Fund Contribution		ed to Fees
L	Zip	Country Zip Co			intry		8. This corporation owes the current year Inte		
24		25	29	30			Personal Property Tax.	Yes	□No
		9. Name and Address of Currer	t Registered Agent		04	NI	10. Name and Address of New Registered	Agent	
	VACLUIC	CAIED MADY			81	Name			
WHISNER, MARK				*	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
6510 LENOIR DRIVE PORT RICHEY FL 34668									
	run	I NUMET PL 34000			83				
					84	City	·	85 Z	ip Code
						•	FL		
11.	office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnonzec	ז עס נ	named corpo ne corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	cnanging ntment as	registered registered
SI	GNATURE	Signature, typed or printed name of registered age	nt and title if annivenie (NOTE	Registered	Anent	signature required	when reinstatung) DATE		
12			ID DIRECTORS	13.		alginaturo rodemon	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
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[MF E	_	☐ DELETE	1				Chan	ge
ŀ	ſ	WHISNER, MARK	☐ DELETE	1.2 N	AME	AODRESS		☐ Chan	ge
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-	REET ADDRESS Y-ST-ZIP	WHISNER, MARK	☐ DELETE	1.2 N 1.3 S 1.4 G	AME TREET A			☐ Chan	
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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.

MAKE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #