PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEP/RTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90064 018 ***150.00

 Corporation 	MENT # P96000 1 NNECTION, INC.	080293					
Principal Place	of Business	Mailing Address		- I I B B I I BB I I I I I BB I I	L LOVEL OFFICE STORE T	(1 28 (114 1 48)	
9345 CHISHOLM ROAD 9345 CHISHOLM ROAD							
UNIT I APT. 1		UNIT I APT. 1		DO NOT WRITE IN THIS SPACE			
PENSACOLA FL 32514 PENSACOLA FL 32514				3. Date Ir corporated or Qualified			
				10/01/1996			i
3 Batastas B	lana of Business	2a. Mailing Address		4. FEI Number	App	lied For	i
			ctions_	59-3410280	Not	Applicable	l
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	1	l
- Out		27 PO BUY.8	57	5. Certificate of Status Desired	Fee Recuired		1
City & Stat	al Sormon Ela	City & Siste-		6. Electio 1 Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees.			
7in	Couldiny	Z12066 [Country	8. This exporation owes the current year in		∃No	
<u>24 339</u>	<u>این کی این کی این کی این کی این کی این کی این کی </u>	29	Thomas	Personal Property Tax. 10. Name and Address of New Registered			i
	9. Name and Address of Curren	registered Agent	81 Name	2			ĺ
WAL	KER, LYNN		11	ATRICIA JUMOLO			(
	CHISHOLM ROAD		82 Street Acdi	less (P.O. Box Number is Not Acceptable)	33		
UNIT	1 APT. 1		83				l
PEN:	SACOLA FL 32514		24		95 .75.0	prin	l
			84 500	all Sonn Stars		<u>∂</u> 665_	ĺ
11 Pursuant office crr	to the provisions of Sections 607,0502 egistered agent, or bo h, in the State of	and 607.1508, Florida Statulas, of Florida, Such change was just	he above-named corp orized by the corporate	poration submits this statement for the purpose on's board of cirectors. I hereby accept the app.	of changing its r pintment as reg	egistered stered	
agent. 1 a	m familiar with, and accept the obligat	ions of, Section 607.05057 Florid	A Starutes.	Imala : Co	12/99		i
SIGNATURE	Supply of the provider in the of registered agen	and title if applicable (NOT 5; Re	egistered Agent signature rook ro	d when reinstating) DME	7-1-		a
12,	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		S IN 12	(11/98)
TITLE	P	DELETE	1,1 TITLE		☐ Change	L. Addition	1
NAME	WALKER, LYNN		1.2 NAME				8
STREET ADDRESS	9345 CHISHOLM RD, I1		1.3 STREET ADDRESS				R2F034
CITY-ST-ZIP	PENSACOLA FL	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		Change	Addition	Ö
TITLE		☐ pere ie	21 IIILE 22 NAME		v	_	
NAME]		23 STREET ADDRESS				İ
STREET ADDRESS			2.4 CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	31 TIRE		Change	Addition	
NAME			32 NAME				İ
STREET ADDRESS		.	3.3 STREET ADDRESS				}
CITY-ST-ZIP			34. CITY-ST-ZIP				1
TITLE	-	☐ DELETE	4.1 TITLE		Change	Addition	{
NAME	1		4 2 NAME				1
STREET ADORESS			4 3 STREET ADDRESS				Ì
CITY-ST-ZIP			44 CITY-ST-ZIP		Chance	☐ Addition	{
TITLE		☐ DELETE	5.1 TITLE		☐ Change	المواصد ال	ĺ
NAME			5.2 NAME				
STREET ADORE 3S			5.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition	İ
TITUE		☐ DEFE IS	62 NAME			_	1
NAME.			6.3 STREET ADDRESS				İ
STREET ADDRESS			6.4 CITY-ST-ZIP				1
CITY-ST-ZIP	i						

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 cartify that the information of 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 ham an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

SI	C	N	Δ	TI	ı	R	F
-31	•		~			г	_

ANTINE AND TYPED ON PRINTED NAME OF SCHOOL OFFICER ON DIRECTOR

ALTICLA JUMPOS --