**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90034 007 \*\*\*150.00

DOCUMENT # P9600092577					
ACTMIL	OCAL, INC			1 1821/201 (10 181/20 21/1 00) (10 181/1 00)	
•					
Britania d Blan	of Dunings	Mailing Address		(	1840 1480 1440 1440 1881 1881 1881
Principal Place		Mailing Address			
211 81ST AVEN	=	211 81ST AVENUE NORTH ST. PETERSBURG FL 33702			
ST. FETENSBO	no 12 30/02	31. FETENOSUNO FE 30702		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
	,			11/12/1996	
R Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 SIPS	TERBURA FLIHOME	26 211-81 AVE	М	NOT APPLICABLE	Not Applicable
Suite Apt.	#, etc.	Suite Apt. #, etc.	-/	5. Certificate of Status Desired	\$8.75 Additional
22 21/-8	YAVE N	27 SIPZIZKSBURG	M		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 7. 127	aksove LC	28 STY STEKSOURG	C	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29 33702 3	Country	<ol> <li>This corporation owes the current year Int Personal Property Tax.</li> </ol>	tangible ☐Yes ☐No
24 3370	9. Name and Address of Current		ال الم	10. Name and Address of New Registered	
	5. Haine and Address of Current	registered Agent	81 Name	10. Name and Address of New Registered	Agent
JACOBSEN-GREGG, BARBARA					
211 81ST AVENUE NORTH			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	PETERSBURG FL 33702		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				rporation 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.					
_	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	JACOBSEN-GREGG, BARBARA		1.2 NAME		
STREET ADDRESS	211 81ST AVENUE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702	_	1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREGG, JERRY E I		2.2 NAME		
STREET ADDRESS	211 81ST AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GREGG, JERRY E II		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZIP	ST. PETERSBURG FL 33702	·	3.4. CITY-ST-ZIP		
TTLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<del></del>	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DÉLETE	6.1 TITLE		☐ Change ☐ Addition
NAME [			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ì

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 chapter 607, or often attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP