05-05-1999 90049 045 ***150.00

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

DOCUMENT #	P96000097084
	1 00000001007

1. Corporation Name

Suite, Apt. #, etc.

City & State

23

24

Zip

THE LONGYEAR CO., INC.

4022 SHORESIDE CIRCLE	4022 SHORESIDE CIRCLE
TAMPA FL 33624	TAMPA FL 33624
Principal Place of Business	2a. Mailing Address

27

28

Suite, Apt. #, etc.

City & State

Zip

25 29 9. Name and Address of Current Registered Agent

Country

DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

11/25/1996 4. FEI Number

59-3413190

LON	GYEAR, RICHARD H					
4022 SHORESIDE CIRCLE			82 Street Address (P.O. Box Number is Not Acceptable)			
TAM	PA FL 33624	8:	3			
		84	1 City	85 Zip	Code	
		64	City	FL S	4 12:15	
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was at m familiar with, and accept the obligations of, Section 607.0505, Flor	thorized by	/ the corpo	corporation submits this statement for the purpose of changing it oration's board of directors. I hereby accept the appointment as r	s registered egistered	
SIGNATURE	Sign of the state	Registered Age	ent signature r	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	D DELETE	1.1 TITLE		☐ Change	Addition	
NAME	LONGYEAR, RICHARD H	1.2 NAME				
STREET ADDRESS	4022 SHORESIDE CIRCLE	1.3 STRE	TADDRESS			
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-	ST-ZIP			
TITLE	D DELETE	2.1 TITLE		☐ Change	Addition	
NAME	LONGYEAR, WENDY	2.2 NAME				
STREET ADDRESS	4022 SHORESIDE CIRCLE	2.3 STRE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624	2. 4 CITY	ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition	
NAME		3.2 NAME				
STREET ADDRESS	•	3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	·	3.4. CITY-	ST-ZIP			
TITLE	☐ DELETE	4,1 TITLE		Change	Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STRE	ET ADORESS			
CITY-ST-ZIP		4.4 CITY-	ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	Addition	
NAME		5.2 NAME	!			
STREET ADDRESS		5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		5.4 CITY-	ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	_	☐ Change	Addition	
NAME:		6.2 NAME				
STREET ADDRESS		6.3 STRE	ET ADDRESS			
CITY-ST-ZIP		6.4 CITY-	_			
14. I hereby c	ertify that the information supplied with this filing does not qualify for	the exemp	tion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the	information	

Country

81 Name

30

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 any address, with all other like empowered.

SIGNATURE: