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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000100837

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90021 026 \*\*\*150.00

| PRATT, I   | DAVIS AND COMPANY, P.A.        |  |              |                                       |                            |   |                   |                | A 4           |
|--|--------------------------------|--|--------------|---------------------------------------|----------------------------|---|-------------------|----------------|---------------|
| Principal Place of Business Mailing Address  |                                |  | _            |                                       |                            |   | II) BUINI 71811 B | IBIN BUNU KUNT |               |
| BRADENTON FI   | ROFESSIONAL BLDG               | PO BOX 9727<br>4TH FLOOR PROFESSIONAL BLDG<br>BRADENTON FL 34206 |              |                                       | DO NOT WRITE IN THIS SPACE |   |                   |                |               |
| U\$ U\$  |                                |  |              |                                       |                            | <ol> <li>Date Incorporated or Qualifed</li> <li>12/13/1996</li> </ol> |                   |                |               |
| 2. Principal Place of Business 2a. Mailing Address   |                                |  |              |                                       |                            | 4, FEI Number   |                   | TΔr            | plied For     |
| ——————————————————————————————————————   |                                |  |              |                                       |                            | 59-3419156  |                   |                | ot Applicable |
| 26     26  |                                |  |              |                                       |                            | -   |                   | \$8.75         |               |
| 22   |                                |  |              |                                       |                            | 5. Certifcate of Status Desired                                       |                   | Fee Re         | equired       |
| City & State   | e                              | City & State   | City & State |                                       |                            | 6. Election Campaign Financing  |                   | \$5.00         | May Be        |
| 23   |                                | 28   |              |                                       |                            | Trust Fund Contribution   | <u> </u>          | Added 1        | to Fees       |
| Zip  | Country                        | Zip  | · —          |                                       |                            | 8. This corporation owes the curr                                     | ent year Int      |                |               |
| 24   | 25                             | 29   | 30           |                                       |                            | Personal Property Tax.  | 20 colotored      | Yes            | □No           |
|  | 9. Name and Address of Current | Registered Agent   |              | 81                                    | Name                       | 10. Name and Address of New I   | cegisterea .      | Agent          |               |
| GRIN   | MES, WILLIAM C                 |  |              |                                       | _                          |   |                   |                |               |
| 1023 MANATEE AVE. WEST   |                                |  |              | 82                                    | Street Addr                | ress (P.O. Box Number is Not Accept                                   | able)             |                |               |
| BRADENTON FL 34205 34205   |                                |  |              | 83                                    |                            |   |                   | · <u>·</u> ··  |               |
|  | 3 1200                         |  |              |                                       |                            |   |                   |                |               |
|  |                                |  |              | 84                                    | City                       |   | FI                | 85  Zip (      | Code          |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |                                |  |              |                                       |                            |   |                   |                |               |
| 12.  | OFFICERS AND                   |  | 13.          |                                       | -                          | ADDITIONS/CHANGES TO OF   | FICERS AN         | Change         | Addition      |
| TITLE  | PD                             | ☐ DELETE   | 1.1 TIT      |                                       |                            |   |                   | ☐ Ontarige     |               |
| NAME   | PRATT, HARRY C                 |  |              | ME<br>Deet                            | *********                  |   |                   |                | .             |
| STREET ADDRESS   | 1                              |  |              | 1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |                            |   |                   |                | }             |
| CITY-ST-ZIP<br>TITLE   |                                |  |              |                                       | ·ZIP                       |   |                   | Change         | Addition      |
| NAME   |                                |  |              | ME                                    |                            |   |                   |                | _             |
| STREET ADDRESS   | DAVIO, MAIOTA L                |  |              |                                       | ADDRESS                    |   |                   |                |               |
| CITY-ST-ZIP  |                                |  |              | TY-ST                                 |                            |   |                   |                |               |
| TITLE -  |                                |  |              | ILE                                   |                            |   |                   | Change         | ☐ Addition    |
| NAME   | •                              |  | 3.2 NA       | WE                                    |                            |   |                   |                | 1             |
| STREET ADDRESS   |                                |  | 3.3 ST       | REET                                  | ADDRESS                    |   |                   |                |               |
| CITY-ST-ZIP  |                                |  | 3.4, CI      | TY-ST                                 | r- <b>Z</b> IP             |   |                   |                |               |
| TITLE  |                                | ☐ DELETE   | 4.1 सा       | RΕ                                    |                            |   |                   | Change         | ☐ Addition [  |
| NAME   |                                |  | 4. 2 N       | AME                                   | 1                          |   |                   |                | . 1           |
| STREET ADDRESS   |                                |  | 4.3 ST       | REET                                  | ADDRESS                    |   |                   |                | İ             |
| CITY-ST-ZIP  |                                |  | 4.4 CF       | TY-ST                                 | -ZIP                       |   |                   |                |               |
| TITLE  |                                | ☐ DELETE   | 5.1 TIT      |                                       |                            |   |                   | Change         | Addition      |
| NAME   |                                |  | 5.2 NA       |                                       |                            |   |                   |                |               |
| STREET ADDRESS   |                                |  |              |                                       | ADDRESS                    |   |                   |                |               |
| CITY-ST-ZiP  |                                | [7] ee-  |              | TY-ST                                 | -ZIP                       | <u>-</u>  |                   | Change         | Addition      |
| TITLE  |                                | ☐ DELETE   | 6.1 TII      |                                       |                            |   |                   | ☐ Change       | ☐ Addition    |
| NAME   |                                |  | 6.2 NA       |                                       | ADDOCCO                    |   |                   |                |               |
| STREET ADDRESS   | i                              |  | 0.35         | KEEL                                  | ADDRESS                    |   |                   |                |               |

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.

6.4 CiTY-ST-ZIP

MAR 24 1999