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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101201

1. Corporation Name

M. C. LAMB, INC.

FILED Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90021 038 ***158.75

WI. O. L.	WID, 710.							
Principal Place	e of Business	Mail	ling Address				1 (26)(60) 118 15118 51111 00111 00111 00111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111	
15220 BOYETTE ROAD RIVERVIEW FL 33569		RIVE	PO BOX 681 RIVERVIEW FL 33569				DO NOT WRITE IN THIS SPACE	
us		US					3. Date incorporated or Qualifed 12/16/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc.			2a. Mailing Address 26 Suite, Apt. #, etc.				4. FEI Number Applied Fo. 59-34 19394 Not Applied	
		,					5. Certificate of Status Desired \$8.75 Additions Fee Required	ı 🦠
City & State			City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country			Col	untry		This corporation owes the current year Intangible	
24	25	29	•	30	-		Personal Property Tax. Yes No	
	9. Name and Addres	s of Current Registe	ered Agent		1		10. Name and Address of New Registered Agent	
	D OUEDDY I				81	Name	•	
Lamb, Cherry L 15220 Boyette Road					82	Street A	ess (P.O. Box Number is Not Acceptable)	
RIVE	ERVIEW FL 33569				83			12.13 12.43 12.43
					84	City	FL 85 Zip Code	chi-
44 Durationt	to the provisions of Soction	nc 607 0502 and 60	7 1508 Florida Statu	tes the s	ahove	-named c	corporation submits this statement for the purpose of changing its register	ed
l office or r	registered agent, or both, in familiar with, and accept	n the State of Florida of the obligations of, S	Section 607.0505, Flo	authorize orida Sta	tutes.	tne corpor	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered	ed
office or r agent. I a SIGNATURE	registered agent, or both, in familiar with, and accept the same of the same o	n the State of Florida of the obligations of, S	Section 607.0505, Flo applicable. (NOT	authorize orida Sta	tutes.	tne corpor	oration's board of directors. Thereby accept the appointment as registered	6
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 813-181-5799 te / 19/99 Baytime Phone #

CR2E034 (11/9