

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

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90059 002 \*\*\*158.75

DOCUMENT # P97000011530

1. Corporation Name  
FLORIDA 7 INVESTMENT CORP.

Principal Place of Business  
36908 CHANCEY ROAD  
ZEPHYRHILLS FL 33541

Mailing Address  
36908 CHANCEY ROAD  
ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

59-3433203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REITTINGER, WAYNE  
36908 CHANCEY ROAD  
ZEPHYRHILLS FL 33541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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 DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST  
NAME REITTINGER, WAYNE  
STREET ADDRESS 36908 CHANCEY ROAD  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

1.1 TITLE D  
1.2 NAME EDWARD NEW CITY  
1.3 STREET ADDRESS 13607 N FLORIDA AVE  
1.4 CITY-ST-ZIP TAMPA FL 33613

TITLE D  
NAME BAKER, MARK  
STREET ADDRESS 13607 N FLORIDA AVE  
CITY-ST-ZIP TAMPA FL 33613

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DP  
NAME DENNING, DAVID D  
STREET ADDRESS 13609 N FLORIDA AVE  
CITY-ST-ZIP TAMPA FL 33613

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME STEARNS, HARLAN  
STREET ADDRESS 15513 RAMBLE BROOK LANE  
CITY-ST-ZIP TAMPA FL 33624

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME KESSENS, RICHARD  
STREET ADDRESS 13901 N FLORIDA AVE #M197  
CITY-ST-ZIP TAMPA FL 33613

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DV  
NAME WEST, DALE  
STREET ADDRESS 18118 HWY 41, LOT A  
CITY-ST-ZIP LUTZ FL 33549

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

813-782-0900

Daytime Phone #

CR2E034 (1/98)