## 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 # P97000015252

Corporation Name

SANTON FAMILY CORP.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90142 031 \*\*\*150.00

Principal Place of Business		Mailing Address				1100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a 28 40.4.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
349 NE GREENBRIAR AVE		349 NE GREENBRIAR AVE									
PORT ST LUCIE FL 34983 PORT ST LUCIE FL			34983				DO NOT WRITE IN THIS SPACE				
						3 Date Inc	orporated or Qualifed		017102		1
						02/13/	•	,			
3 Driverient O	Isaa of Businees	2a. Mailing Address				4. FEI Num		<del> </del>	Ι Δ	pplied For	1
— ·	lace of Business	<u></u>	3				D FOR		<del></del>	ot Applicable	1
21 Suite Ant	# ata	Suite, Apt. #, et	r			AFFLIG	ָט רָטַח			Additional	1
Suite, Apt. #, etc.		27			5. Certifcate	of Status Desired			equired		
City & State		City & State				6 Flection	Campaign Financing		****	May Be	1=-
<del></del>		28			1	nd Contribution			to Fees		
Zip Country		Zip Country			8. This corporation owes the current year Intangible					1	
24	25	29	30	-			Property Tax.	•	☐ Yes	□No	
	9. Name and Address of Curren					10. Name as	nd Address of New	Registered	Agent		]
				81	Name						
SAN	ton, deborah			82	Stroet A	Address (P.O. Boy N	lumber is Not Accep	table)			1
349 NE GREENBRIAR AVE				02	Succia		attioci io Hot Hoop				
POR	T ST LUCIE FL 34983			83							
					0.4			<del> </del>	85 Žip	Code	}
	•			84	City			FL	. 63 214	Code	1
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change	was author.	ized by 1	the corpo	corporation submits tration's board of dir	this statement for the ectors. I hereby acce	e purpose of ept the appoi	changing it ntment as re	s registered egistered	
SIGNATURE											
	Signature, typed or printed name of registered agent				t signature re	equired when reinstating)	IS/CHANGES TO O	DATE AN	ID DIRECT	ORS IN 12	
12.	OFFICERS AN	D DIRECTORS	1	13.	t signature re		IS/CHANGES TO O		ID DIRECT	ORS IN 12	
12.	OFFICERS AN		ETE 1.	13.	t signature re		IS/CHANGES TO O				100,777
12. TITLE NAME	OFFICERS AND SANTON, CARL	D DIRECTORS	1. ETE 1.	13. 1.1 TITLE 1.2 NAME			IS/CHANGES TO O				100,777,700
12. TITLE NAME STREET ADDRESS	OFFICERS AN D SANTON, CARL 349 NE GREENBRIAR AVE	D DIRECTORS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		IS/CHANGES TO O				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D SANTON, CARL 349 NE GREENBRIAR AVE PORT ST LUCIE FL 34983	D DIRECTORS	1. 1. 1. 1.	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS		IS/CHANGES TO O		☐ Change	Addition	1000
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AN  D SANTON, CARL 349 NE GREENBRIAR AVE PORT ST LUCIE FL 34983  D SANTON, DEBORAH	D DIRECTORS	11. ETE 1. 1. 1. ETE 2. 2	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS		IS/CHANGES TO O		☐ Change	Addition	1000
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AN  D SANTON, CARL 349 NE GREENBRIAR AVE PORT ST LUCIE FL 34983  D SANTON, DEBORAH 349 NE GREENBRIAR AVE	D DIRECTORS	1 1 1 1 1 1 1 1 2 2 2 2	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS		IS/CHANGES TO O		☐ Change	Addition	1000
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN  D SANTON, CARL 349 NE GREENBRIAR AVE PORT ST LUCIE FL 34983  D SANTON, DEBORAH 349 NE GREENBRIAR AVE	D DIRECTORS  DELE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 4.3 STREET 4.3 STREET 4.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		,	FFICERS AM	☐ Change ☐ Change	Addition Addition Addition	
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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 attacty fight with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #