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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000017021

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

DIVISION OF CORPORATIONS

## Secretary of State

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90117 022 \*\*\*158.75

ZACULL	A, INC.						
Principal Place	e of Business	Mailing Address				EI IEBEL IBBIL GOILL	) ()
C/O GARY S. E		C/O GARY S. EDINGER, ESQ	).				
305 NE 1ST ST 305 NE 1ST ST					DO NOT WRITE IN TH	IS SPACE	
GAINESVILLE FL 32601 GAINESVILLE FL 32601					3. Date Incorporated or Qualifed		<del></del>
					02/19/1997		ĺ
Principal Place of Business     2a. Mailing Address				··· =·	4. FEI Number	- Ar	pplied For
21 26					59-3501856	- No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional
22 27					J. Certificate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing		May Be
23	28				Trust Fund Contribution	_	to Fees
Zip			Country		8. This corporation owes the current year	Intangible ☐ Yes	¥⊒No
24	9. Name and Address of Cur		0		Personal Property Tax.  10. Name and Address of New Registere		
	5. Maille aird Address of Cult	ient vedistelen Agent	81	Name	To. Isame did Addices of the Principles	<u> </u>	
EDIN	iger, gary s						
305 NE 1ST ST			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
GAINESVILLE FL 32601			83			_	
			84	City	F	L 85 Zip	Code
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Florid	a Statutes		ation's board of directors. I hereby accept the appuired when reinstating)  DATE	<u> </u>	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	_	
TITLE	PD	☐ DELETE 1.1 T				Change	Addition
NAME	SULLIVAN, JERRY		1.2 NAME				
STREET ADDRESS	11000 02 011 201		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	r-zip		☐ Change	Addition
TITLE			2.1 TITLE			Change	[_] Addition
NAME			2.2 NAME				}
STREET ADDRESS	i		2.3 STREET				
TITLE			2.4 CITY-S 3.1 TITLE	1-24		Change	Addition
NAME .	<b>_</b>		3.2 NAME				_
STREET ADDRESS			3.3 STREET	ADORESS			1
CITY-ST-ZIP			3.4. CITY-S				
TITLE			4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	İ		4.3 STREET	ADDRESS			)
CITY-\$T-ZIP			4.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	- LONDEGO			ļ
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 CITY-S	T-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:** 

THE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR