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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90104 031 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000021433**1. Corporation Name

Principal Place of Business

VIVIAN E., INC.

6201 THOMAS I 1501	_	1	7151 W. HIGHWAY 98. SUITE 269 PANAMA CITY FL 32407			DO NOT WISH	TE 151 TI 110	00405			
PANAMA CITY F	FL 32408	I	US				DO NOT WRI	IE IN IMIS	SPACE		
US							3. Date Incorporated or Qualifed 03/10/1997				
2. Principal Pl	ace of Business	1 2	a. Mailing Address				4. FEI Number			Applie	d For
21		20	֪֞֞֞֟֓֓֓֞֟ <u>֚</u>				59-3433956			Not A	pplicable
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.					**	\$8.7	5 Add	itional
22		2	7				5. Certifcate of Status Desired	×	Fee	Requi	red
City & State	9		City & State				6. Election Campaign Financing		\$5.0	00 ма	v Re
23		21	3				Trust Fund Contribution			ed to F	
Zip	Cou	ıntry	Zip	Cour	itry		8. This corporation owes the curr	ent year Inta	angible		
24	25	2!		30			Personal Property Tax.	•	Yes		No
		dress of Current Reg	jistered Agent				10. Name and Address of New F	Registered /	Agent		
					81	Name					1
	dy, Kathryn J	•			82	Stroot Addr	cose (P.O. Box Number is Not Accents	ahia)			
	W. HIGHWAY 98				"	Street Addi	Street Address (P.O. Box Number is Not Acceptable)				
PAN	ama city FL 324	07			83		it was pro-		11	2	
						=	asi ga i i	· · · · · · ·	11-	. 0. 4	
					84	City		· FL	85 Z	ip Cod	le
11. Pursuant t	to the provisions of S	Sections 607.0502 and	607.1508, Florida Statute	s, the ab	ove-	named corp	oration submits this statement for the	purpose of	changing	its reg	istered
l office or re	egistered agent, or b	oth, in the State of Flo	rida. Such change was au of, Section 607.0505, Flori	thorized	by th	ne corporatio	on's board of directors. I hereby accept	pt the appoir	itment as	s regist	ered
1	n lailinar with, and a	accept the obligations	01, 3ection 007.0303, 1 lbi	ida Otatu	163.						
SIGNATURE	Stanature, typed or printed :	name of registered agent and ti	tle if applicable. (NOTE:	Registered A	Agent s	signature required	d when reinstating)	DATE			
SIGNATURE 12.	Signature, typed or printed a	of registered agent and ti		Registered /	Agent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OF		D DIREC	TORS	IN 12
	Signature, typed or printed a					signature required			D DIREC		IN 12
12.		OFFICERS AND DI	RECTORS	13.	.E	signature required					
12.	D HARDY, KATHRY	OFFICERS AND DI	RECTORS	13. 1.1 TITI 1.2 NAI	.E ME	signature required					
12. TITLE NAME STREET ADDRESS	D HARDY, KATHR' 7151 W. HIGHW	OFFICERS AND DII YN J YAY 98, SUITE 269	RECTORS	13. 1.1 TITI 1.2 NAI	E ME REET A	DODRESS					
12. TITLE NAME	D HARDY, KATHRY	OFFICERS AND DII YN J YAY 98, SUITE 269	RECTORS	13. 1.1 TITI 1.2 NAI 1.3 STE	E ME REET A Y-ST-2	DODRESS				ge	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, KATHR' 7151 W. HIGHW PANAMA CITY F	OFFICERS AND DII YN J 'AY 98, SUITE 269 'L 32407	RECTORS	13. 1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT	E ME REET A Y-ST-	DODRESS			☐ Chan	ge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HARDY, KATHR' 7151 W. HIGHW PANAMA CITY F D HARDY, RONALI	OFFICERS AND DII YN J 'AY 98, SUITE 269 'L 32407 D E	RECTORS	13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV	E ME REET A Y-ST-2 LE	DODRESS			☐ Chan	ge	Addition
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

☐ Addition