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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700024803

. Corporation Name

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90085 027 ***150.00

T. MITCH	HELL BARLOW, P.A.								
Principal Place	e of Business	Mailing Address					1911 BUIN UUNA 1	### ####	16166 2111 12B1
210 ELM AVENUE 210 ELM AVENUE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951						DO NOT WE	RITE IN THIS :	SPACE	
	•					3. Date Incorporated or Qualife			
						03/19/1997			
2 Principal Di	tace of Business	2a. Mailing Address	3			4. FEI Number		Apr	olied For
	lace of Business	26				APPLIED FOR 59-	350060	4 Not	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, et	C.					\$8.75 A	dditional
22		27				5. Certifcate of Status Desired		Fee Red	quired
City & State	e	City & State				6. Election Campaign Financing	, <u> </u>	\$5.00	*
23	<u></u>	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		ıntry		8. This corporation owes the cu	rrent year Inta		□No
24	25	29	30	1		Personal Property Tax.	Dagletored /		
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New	Registered A	igent	
BAD	NOW TM			"					
BARLOW, T M 210 ELM AVENUE				82	Street Addre	ss (P.O. Box Number is Not Accep	itable)		
	BOURNE BEACH FL 32951			83					
MICE	DOUNIE BEACH 1 E 32301			63					
				84	City		FL	85 Zip C	ode
	to the provisions of Sections 607.050		O			ration cubmits this statement for th	a numosa of o	hanging its	registered
diffice or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation.	of Florida, Such change.	was authorized	a ov	tne corporation	n's board of directors. I hereby acc	ept the appoin	tment as reg	jistered
SIGNATURE		A ARM F. Ville	(NOTE: Basistara	d Acen	t signature required	when repretating)	DATE		—
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.		t signaturo required	ADDITIONS/CHANGES TO C		D DIRECTO	RS IN 12
TITLE	D	☐ DELE						☐ Change	Addition
NAME	BARLOW, T M		1.2 N	IAME					
STREET ADDRESS			1,3 S	TREET	ADDRESS				
CITY-ST-ZIP	MELBOURNE BEACH FL 3295	1	1.4 C	ITY-ST	r-ZIP	•			
TITLE	MELDOGIATE DESCRIPTION	☐ DELE						Change	
NAME			2.2 N	ANIC	•			☐ Change	Addition
STREET ADDRESS				MAIL				□ Change	Addition
CITY-ST-ZIP					ADDRESS			□ Change	Addition
TITLE		•	2.3 S		I				Addition
		_ DELI	2.3 S 2.4 C	TREET	I			Change	Addition
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`) DELI	2.3 S 2.4 C ETE 3.1 TI 32 N 33 S	TREET CITY-S' ITLE IAME	T-ZIP ADDRESS			Change	Addition {
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14. 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 DIRECTO

1/12/99 Dat 407-724-1668 Daytime Phone #

:R2E034 (11/98)