FUE 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 May 06, 1999 8:00 am Secretary of State

05-06-1999 90098 010 ***150.00

DOCUMENT # P9700026291 1. Corporation Name	
TOMOKA-PIONEER, INC.	T DEDICEDE DIE HEIGT BOOM BENIT DOOR BENIT DE LEE BUILD DE LEE BOOM DIE LEE BOOM DE LEE BOOM DE LEE BOOM DE LE

	TOULDIS INO.						
Principal Place	e of Business	Mailing Address				14 818 1 1818 11818	(848) HQH (881)
3639 WATERME	FLON IN	3639 WATERMELON LN.		•			
	BEACH FL 32168	NEW SMYRNA BEACH F	L 32168		DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					03/24/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21	1455 6, 455,11665	26			59-3439976		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	\$8.75 A	Additional
22	•	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Cour	try	8. This corporation owes the current year Ir	itangible 📝	`M .
24	25	29	30		Personal Property Tax.		<u>∆</u> No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent /	
	NAD EDANIZ III			81 Name			
	NAR, FRANK III		ļ	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
I .	WATERMELON LN.		1				
) NEW	/ SMYRNA BEACH FL 32168			83			
1			Ì	84 City		85 Zip C	Code
{					F[_	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the ab	ove-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	f changing its sintment as rec	registered pistered
oπice or r	registered agent, or both, in the State of am familiar with, and accept the obligat	tions of, Section 607.0505, I	Florida Statu	tes.	ion's board of directors. Friereby accept the appe	manom as rog	3.0.0.00
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered agen		OTE: Registered	gent signature require			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	RS IN 12
TITLE	PDTS	☐ DÉLETE	1.1 111			☐ Criailge	L'I Vocidon
NAME							
1	LUZNAR, FRANK		1.2 NA				
STREET ADDRESS	3639 WATERMELON LN.			REET ADDRESS			
STREET ADDRESS			1.3 STF	REET ADDRESS Y-ST-ZIP			C Addition
STREET ADDRESS	3639 WATERMELON LN.	S8 DELETE	1.3 STF 1.4 CIT 2.1 TIT	Y-ST-ZIP		☐ Change	Addition
STREET ADDRESS	3639 WATERMELON LN.		1.3 STE 1.4 CIT 2.1 TIT 2.2 NA	Y-ST-ZIP LE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	3639 WATERMELON LN. NEW SMYRNA BEACH FL 3216		1.3 STE 1.4 CIT 2.1 TIT 2.2 NA	Y-ST-ZIP		☐ Change	Addition
STREET ADDRESS: CITY-ST-ZIP TITLE NAME	3639 WATERMELON LN. NEW SMYRNA BEACH FL 3216	☐ DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CI	PEET ADDRESS Y-ST-ZIP E AE AE REET ADDRESS Y-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3639 WATERMELON LN. NEW SMYRNA BEACH FL 3216		1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF	PEET ADDRESS Y-ST-ZIP E AE AE REET ADDRESS Y-ST-ZIP		☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	3639 WATERMELON LN. NEW SMYRNA BEACH FL 3216	DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 3.2 NAI 3.3 STI 3.4 CIT 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STI 5.4 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.6 CIT 5.7 CIT 5.7 CIT 5.7 CIT 5.8 CIT 5.8 CIT 5.9	REET ADDRESS Y-ST-ZIP AE AE REET ADDRESS Y-ST-ZIP		☐ Change ☐ Change ☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3639 WATERMELON LN. NEW SMYRNA BEACH FL 3216	☐ DELETE	1.3 STM 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STI 4.1 TIT 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STI	REET ADDRESS Y-ST-ZIP AE AE REET ADDRESS Y-ST-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3639 WATERMELON LN. NEW SMYRNA BEACH FL 3216	DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 3.2 NAI 3.3 STI 3.4 CIT 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STI 5.4 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.6 CIT 5.7 CIT 5.7 CIT 5.7 CIT 5.8 CIT 5.8 CIT 5.9	REET ADDRESS Y-ST-ZIP E AE REET ADDRESS Y-ST-ZIP E		☐ Change ☐ Change ☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	3639 WATERMELON LN. NEW SMYRNA BEACH FL 3216	DELETE	1.3 STM 1.4 Cm 2.1 TiT 2.2 NAI 2.3 STM 2.4 CCM 3.3 STM 3.4 CCM 4.1 TiT 4.2 NAI 4.3 STM 4.4 CM 5.1 TiT 5.2 NAI 5.3 STM 5.4 CIT 6.1 TiT 6.2 NAI	REET ADDRESS Y-ST-ZIP E AE REET ADDRESS Y-ST-ZIP E		☐ Change ☐ Change ☐ Change	Addition Addition

14. I hereby certify that the information supplied with this filing does not goality 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 of changed on on an attachment with an address, with all other like empowered.

SIGNATURE:

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