PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTINATION STATE

Katherine Harris

Secretary of State

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

. 1999 DIVIS	SION OF CORPORATIONS	05-24-1999 90010 00	8 ***150.00
DOCUMENT # P97000274	lele		
Smoke Llouse DANG T Principal Place of Business Mailing Address	=NC	1	11 51 1851 1 *
8	Luny Davis	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
BRUCE FIM 3245.	2		
2. Principal Place of Business 2a. Mailing Add		4. FEI Number	Applied For
21 JOHNNY DAVIS 26 183.1	Luneing Rd	59-3495184	Not Applicable
Suite, Apt. #, etc. Suite, Apt. # 27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 23 B Q U C 28 3 14	}	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May-Be Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year Int	angible □ Yes □ No
24 32455 25 WQ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	30	Personal Property Tax. 10. Name and Address of New Registered	
	81 Name		
Johnny DAVIS		ss (P.O. Box Number is Not Acceptable)	
183 MEGG: NG KY			
2000	83		
BENGE FIA 3312	S4 City		85 Zip Code
		FL	shapping its registered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Flor office or registered agent, or both, in the State of Florida. Such char 	ide was authorized by the corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	ntment as registered
agent. I am familiar with, and accept the obligations of, Section 607.	0505, Florida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required v	when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE CARCOL PORTOLOGIC	ELETE 1.1 TITLE		☐ Change ☐ Addition
NAME Bugh berning gr.	1 2 NAME		
STREET ADDRESS W. D. BOX	340 13 STREET ADDRESS		
	1.4 CITY-ST-ZIP DELETE 2.1 TITLE		☐ Change ☐ Addition
	22 NAME		
NAME STREET ADDRESS 183- Serving Rd	2.3 STREET ADDRESS		
CITY-ST-ZIP ROLON 414 32454	2. 4 CITY - ST - ZIP		
TIME -	FLETE 31TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS RY 2 BOY 23 6 CITY-ST-ZIP CONJULIE 4/A 32U	3.2 NAME		
STREET ADDRESS QY 23 6	3.3 STREET ADDRESS		
CITY-ST-ZIP Caryville 41A 324	3.4. CITY-ST-ZIP		
	i i		☐ Change ☐ Addition
NAME	4. 2 NAME		·
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP ELETE 5.1 TITLE		Change Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY- ST-ZIP	<u> </u>	
TITLE	ELETE 6.1 TITLE		☐ Change ☐ Addition
			–
NAME	6 2 NAME		
NAME STREET ADDRESS			

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:

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