Jul 06, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUI | MEMI # P97000 | 028136 <i>V</i> | | | | | | |
|--|--|--------------------------------------|-------------------------|---------------------------------|---|---|---------------|-------------------|
| 1. Corporation Name FLORIDA FIRST ENTERPRISE GROUP, INC. | | | | | | | | |
| FEONIUF | THO ENTERIOR ONO | 01 , 1110 | | | # 1400114001 (20) WAR (2001) WAR (2011) CO | | | |
| | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | #11 88 111 48 11 8 11 8 | A) (9)A) (14) | # 1114E #141 10B1 |
| 1138 CEPHIA ST 1138 CEPHIA ST | | | | | ĺ | | | |
| LAKE WALES FL 33853 LAKE WALES FL 33853 | | | | | | | | |
| US | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed 03/24/1997 | | | |
| 2 0 10 | 10 | 2a. Mailing Address | | | 4. FEI Number | | 7 7 | pplied For |
| · · | ace of Business | 26. Maining Address | | | 59-3442311 | | | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | Additional | |
| 22 | | 27 | | 5. Certifcate of Status Desired | | , | equired | |
| City & State | | City & State | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | | 28 | | _ | Trust Fund Contribution | | Added | to Fees |
| Zip | Country | Zip | Country | , – | 8. This corporation owes the curr | | | _ |
| 24 | 25 | | so <u> </u> | | Personal Property Tax. | | Yes | X No |
| | 9. Name and Address of Curren | t Registered Agent | - 81 | Name | 10. Name and Address of New I | Registered Ag | <u>gent</u> | |
| ., HARLAN, MARY E ESQ | | | | Name | | | | |
| 500 S FLORIDA AVE | | | 82 | Street A | Address (P.O. Box Number is Not Accepta | able) | | |
| STE 200 | | | 83 | | | | | |
| LAKELAND FL 33801 | | | | | | | | |
| | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes | s, the abov | e-named o | corporation submits this statement for the | purpose of ch | anging it | s registered |
| office or r | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such change was aut | horized by | the corpo | oration's board of directors. I hereby accept | ot the appointr | nent as r | egistered |
| | THE TAXABLE WITH, AND ACCOPT THE ODINGS | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: F | Registered Age | nt signature re | equired when reinstating) | DATE | | |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | | | |
| TITLE | PD PDETT D | ☐ DELETE | 1,1 TITLE | ł | • | E | Change | ☐ Addition |
| NAME | WATTLES, BRETT B | | , 1.2 NAME | _ | | | | |
| STREET ADDRESS | 2105 SE 32ND STREET | | | TADORESS | | | • | |
| CITY-ST-ZIP | OCALA FL 34471 | DELETE | 1.4 CITY-5 2.1 TITLE | ST-ZIP | | | 7 Change | Addition |
| TITLE | BRANTLEY, JAMES C | | 2.1 NAME | 1 | | , | | |
| NAME STREET ADDRESS | 1138 CEPHIA STREET | | | TADORESS | | | | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | | 2. 4 CITY- | i i | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | 31-21 | | | Change | Addition |
| NAME | | | 3.2 NAME | İ | | | | |
| STREET ADORESS | 1 | | 3.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | ļ | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-5 | ST-ZIP | | | - | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ĺ | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | } | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-5 | ST-ZIP | <u> </u> | | 7.Ch | |
| TITLE | | □ DELETE | 6.1 TITLE | Į. | | į | 🔲 Change | ☐ Addition |

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS