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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000035399

FRED L. KECK, P.A.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90036 048 ***150.00



| Principal Pla | · | . Mailing Address | | | | | |
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| | ace of Business | . Maining Address | | | | | |
| 8653 MEADOWBROOK DRIVE 8653 MEADOWBROOK DRIV | | | Ε | | | | |
| PENSACOLA | FL 32514 | PENSACOLA FL 32514 | , | | DO NOT WRITE | IN THIS SPACE | |
| | | • | | | | IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 04/18/1997 | 1.1 | |
| 2. Principal | Place of Business | 2a. Mailing Address | | | 4. FEI Number | h | pplied For |
| 21 | | 26 | | | 59-3442953 | N | ot Applicable |
| Suite, Ap | ot. #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired [| T | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | ☐ Fee R | equired |
| City & St | tate | 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 current | t year Intangible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | Yes | □No |
| .'L | 9. Name and Address of Cu | rrent Registered Agent | | | 10. Name and Address of New Reg | jistered Agent | |
| | 1 1 1 4 1 | | 81 | Name | | | |
| ,,,, KE | CK, FRED L | | | | (2.0.0.11.1.11.11.11.11.11.11.11.11.11.11. | | |
| 86 | 53 MEADOWBROOK DRIVE | | 82 | Street Addi | ress (P.O. Box Number is Not Acceptable | 9) | |
| | NSACOLA FL 32514 | | 83 | | · 如此代表 1946年,1917年,1918年1日 1937年,19 1917年 - 新聞書 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十 | (a n ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | . (4)(4)(5)(3)(5) 9 (8)(2)(5)(10)(1 |
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CITY-ST-ZIP 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, plorida 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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

850 478 2223