PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043683

1. Corporation Name

MILITARY RECREATIONAL CONSULTANTS, INC.

Principal Place of Business							
4125	RAISDEN	ROAD					

PENSACOLA FL 32547

Mailing Address

4125 BAISDEN ROAD PENSACOLA FL 32547

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90195 042 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 05/13/1997								
2 Principal P	lace of Business	2a. Mailing A	ddress				٠,	4. FEI Number			Τ-	App	lied For
_	ace of Business	26					- }	59-3447013			-	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		. =	\$8.		iditional uired		
City & State	ρ.	City & St	ate				٠,	6. Election Campaign Financin	<u> </u>		\$5	.00 .	May Be
23	v	28						Trust Fund Contribution	,			ded to	
Zip	Country Zip Country					8. This corporation owes the current year Intangible							
24 29 3			0				Personal Property Tax.						
	9. Name and Address of Curren	t Registered Age	ent				1	0. Name and Address of Nev	v Registe	red A	gent		
					81	Name							
	NONTH, RICHARD E			-	82	2 Street Address (P.O. Box Number is Not Acceptable)							
	A EAST INTENDENCIA STREET			1	Sugar Address (F.O. DOX Hallipor is Har Addressed)								
PENS	SACOLA FL 32501			ľ	83								
				}	84	City					85	Zip C	ode
				ļ	- 1	•				FL	1	•	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, f of Florida. Such c lions of, Section 6	Florida Statutes hange was aut 607.0505, Florid	, the at horized la Statu	bove by t ites.	e-named corp the corporati	porat tion's	tion submits this statement for t board of directors. I hereby ac	he purpos cept the a	se of c	nangir tment	ng its r as reg	egisterea istered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable.	(NOTE: R	egistered	Agent	t signature require	red whe		DAT				
12.	OFFICERS AN	D DIRECTORS		13.				ADDITIONS/CHANGES TO	OFFICER	S AND	DIRE	CTO	
TITLE	D	[DELETE	1.1 TIT	LΕ						Cha	ange	Addition
NAME	MASINO, LARRY			1.2 NA	ME								
STREET ADDRESS	4125 BAISDEN ROAD			1.3 ST	REET	ADDRESS							
	PENSACOLA FL			1.4 CIT		1							
CITY-ST-ZIP	D		DELETE	2.1 TIT		-21					Cha	inge	Addition
	JESMONTH, RICHARD E	-		2.2 NA									
NAME	217-A EAST INTENDENCIA STR	CCT				ADDRESS							
STREET ADDRESS	PENSACOLA FL 32501				-				•	-			
CITY-ST-ZIP	FENSACOLA FL 32301		DELETE	2.4 CI		1-ZIP					☐ Cha	ange	☐ Addition
TITLE	· ·	·	_ DELETE	3.1 TIT									<u> </u>
NAME				3.2 NA									
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP		-	T DELETE	3.4. CI		T- ZIP					☐ Cha	anne	Addition
TITLE		L	DELETE	4.1 TIT						1	니	, ngc	
NAME	~	•		4. 2 N					٠, ١	af			
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP				4.4 CI		r-ZIP							(T) A date:
TITLE		Į.	DELETE	5.1 TTT							☐ Ch	ange	Addition
NAME				5.2 NA									
STREET ADDRESS						ADDRESS							
CFTY-ST-ZIP				5.4 CI		r-zip							
TITLE			DELETE	6.1 TIT	ηE						Cha	ange	☐ Addition
NAME				6.2 NA	WE								
STREET ADDRESS				6.3 ST	REET	ADDRESS							
CITY-ST-ZIP				6.4 CI									
14 I bereby	certify that the information supplied wi	th this filing does	not qualify for t	ne exer	motic	on stated in	Sect	ion 119.07(3)(i). Florida Statute	s. I furthe	er certi	fy that	the in	formation

indicated on this annual report or supplies with this limit does not qualify for its exemption stated in 3 school 17.5.7 (5/0), I fortiad states in the control of the companion or supplies with that I am an officer or director of the corputation 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 fike empowered.

SIGNATURE: