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AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90023 004 ***150.00

	MENT # P9700 POND, INC.	00044621 ✓		_				
nncipal Place	of Business	Mailing Address			11931191)) Batht miller 151619	B 11991 4191 7931
2011 NE 27TH	AVENUE	P.O. BOX 5425			<u> </u>			
GAINESVILLE FL 32609 GAINESVILLE FL 32609					-	DO NOT WRITE IN THIS SPACE		
					3. Date Incorpo	rated or Qualified		
					05/31/19			1
. Principal Pla	ace of Business	2a. Meiling Address			4. FEI Number			Applied For
]		25			<u>59-34631</u>	<u> 136</u>		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5, "Certificate of	r Status Desired		5.Additional
City & State City						1 65 1000		
			City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry		tion owes the current year		50 10 1 002
ן ביף	25	29	30			rsonal Property.	Yes	No _
<u> </u>	9. Name and Address of Curr		100,			Address of New Registe	red Agent	
				81 Name				i
	vmans, charles e			82 Street Ac	Idress (P.O. Box Num	ber is Not Acceptable)		
2011 NE 27TH AVE					reet Address (P.O. Box Number is Not Acceptable)			
GAIN	VESVILLE FL 32609		ĺ	83				1
				84 City			85 Z	p Code
							FL 🍟 🖺	'
agent I a	to the provisions of sections 607.05 egistered agent, or both, in the Starm familiar with, and accept the object.	ngations of, section 607.0505,	tutes, the abo is authorized Florida Stati	ove-named con	poration submits this station's board of director			registered registered
agent I a IGNATURE:	in familiar with, and accept the ob-	ngations of, section 607.0505,	FIORIDA SCAC	ove-named con by the corporates.	equired when reinstating)		of changing its ppointment as	
agent I a	in familiar with, and accept the ob-	ngations of, section 607.0505,	(NOTE: Register	by the corporates.	equired when reinstating)	tatement for the purpose ors. I hereby accept the a	of changing its ppointment as	
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IGNATURE: _

CL SICOUMANDE REQUIRE

7-1-99

(352) 375-8555