FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000045113

1. Corporation Name

INCORPORATE FLORIDA, INC.

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90037 047 ***150.00



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Principal Place of Business Mailing Address					
7190 SEMINOLE BLVD SEMINOLE FL 33772		7190 SEMINOLE BLVD SEMINOLE FL 33772			
					DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualifed 05/19/1997
2, Principal Pl	ace of Business	2a. Mailing Address	ailing Address		4. FEI Number Applied For
21		26			59-3452812 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
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 current year Intangible	
24	25	29 30	<u> </u>		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	81	T-:	10. Name and Address of New Registered Agent
				Name	
JOHNSON, JAMES E II			82	Street A	ddress (P.O. Box Number is Not Acceptable)
7190 SEMINOLE BLVD			_		
SEMINOLE FL 33772			83]	
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment 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 when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	PD	DELETE DELETE	1,1 TITLE		Change Addition
TITLE	JOHNSON, JAMES E II		1.2 NAME		
NAME	7190 SEMINOLE BLVD			TADDRESS	
STREET ADDRESS	SEMINOLE FL 33772				
CITY-ST-ZIP	STD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	JOHNSON, BRIAN E		2.2 NAME		
NAME	7190 SEMINOLE BLVD	•	-	7 ADDDEDO	'
STREET ADORESS	SEMINOLE FL 33772			T ADDRESS	•
CITY-ST-ZIP	SEMINULE PL 33/72	☐ DELETE	2.4 CITY-5 3.1 TITLE	51-219	☐ Change ☐ Addition
TITLE	·.	Land Delete	3.1 NAME	ļ	
NAME	***	the second second		T 40000000	
STREET ADDRESS				T ADDRESS	'
CITY-ST-ZIP		[] DELETE	3.4. CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE		DELETE		1	
NAME	1 · 1		4.2 NAME		
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP		C Select	4.4 CITY-S	iT-ZIP	: Change Addition
TITLE		☐ DELETE	5.1 TITLE	- 1	
NAME			5.2 NAME	T 4 DDD550	
STREET ADDRESS	'		-	TADDRESS	
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	ST-ZIP	Change Addition
TITLE		☐ DELETE		1	☐ Criange ☐ Addition 3
NAME			6.2 NAME	1	,

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, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Kirkin DE D OFFICER OR DIRECTOR