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 # P97000047439

1. Corporation Name

PULLUM TRANSFER, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90044 011 ***150.00

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Principal Place of Business Mailing Address							T 198112881 219 (BILLI CORIL GOLL) ONELL ONELL DELLE	1884 8188			
4771 BELLADONNA STREET MIDDLEBURG FL 32068 4771 BELLADONNA STREET MIDDLEBURG FL 32068				T			DO NOT WRITE IN THIS SP	ACE			
							3. Date Incorporated or Qualifed		<u></u>	i	
							05/27/1997				
2. Principal Pl	Mailing Address	ailing Address			4. FEI Number	A	oplied For	l			
21			26				58-2250511		ot Applicable	٠.	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional		
22			27				3,-50 mono 5.55 5.55 5.55 5.55 5.55 5.55 5.55 5		equired		
City & State			City & State				6. Election Campaign Financing		May Be	ĺ	
23			28				Trust Fund Contribution Added to Fees				
Zip	Country	;	Zip Cour				8. This corporation owes the current year Intang		526.	l	
24	25	29	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				1 Crooker reporty run	Yes	₩Ño	ı	
	9. Name and Address of Curren	t Registe	ered Agent		81	M	10. Name and Address of New Registered Ag	ent		l	
DITT	LIM PETTY D				°'	Name				l	
PULLUM, BETTY D			82 5			Street Addr	t Address (P.O. Box Number is Not Acceptable)				
4771 BELLADONNA STREET										Į	
MIUU	LEBURG FL 32068				83				!	1	
					84	City		85 Zip	Code	İ	
							FL	<u> </u>			
office or re	to the provisions of Sections 607.050 agistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	i. Such change was a	authorize	d by	the corporation	poration submits this statement for the purpose of choon's board of directors. I hereby accept the appointment	anging its nent as re	s registered egistered		
SIGNATURE										İ	
O O O O O O O O O O O O O O O O O O O	Signature, typed or printed name of registered ager				l Agen	nt signature require	od when reinstating) DATE		000 0140	l á	
12.	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	ORS IN 12 ☐ Addition	1/08	
TITLE	P		☐ DELETE	1.1 T			L	_1 Cuange		5	
NAME	PULLUM, RICHARD			1.2 N	AME					E03	
STREET ADDRESS	4771 BELLADONNA ST			1.3 S	TREET	TADDRESS				E	
CITY-ST-ZIP	MIDDLEBURG FL 32068			_	ITY-S	T-ZIP		7.66	Addition	ļ	
TITLE	VP		☐ DELETE	2.1 T	ITLE		L	_ Change	[_] Addition	`	
NAME	Pullum, denise			2.2 N	AME					1	
STREET ADDRESS	4771 BELLADONNA ST			2.3 S	TREE	FADDRESS				ì	
CITY-ST-ZIP	MIDDLEBURG FL 32068					T-ZIP		7.05	☐ Addition	خة إ	
TITLE			☐ DELETE	3.1 T			Ĺ	Change	☐ Addition		
NAME				3.2 N	AME						
STREET ADDRESS				3.3 S	TREET	TADDRESS				-	
CITY-ST-ZIP				3.4. 0	CITY-S	T-ZIP			——————————————————————————————————————	1	
TITLE	·		☐ DELETE	4.1 T	ITLE			Change	☐ Addition		
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STREET ADDRESS	·			4.3 \$	TREE	TADDRESS					
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NAME					AME	ļ				1	
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TITLE			☐ DELETE	6.1 7	ITLE			Change	☐ Addition		
NAME				6.2 N	AME						
STREET ADDRESS				6.3 S	TREE	TADDRESS					
CITY-ST-ZIP				6.4 0	ITY-S	T-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 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.

SIGNATURE: Wenn