Change

Addition

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90001 033 ***150.00

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 # **P97000048732**

1. Corporation Name

CHOO CHOO 507, INC.

CHOO CH	100 507, INC.								
Principal Place	of Business	Mailing Addres	SS		<u> </u>				
2077 CURRYVILLE RD							-		
CHULLIOTA FL 32766 CHULUOTA FL 32766					DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualif			$\overline{}$	
						05/30/1997			1
			 		_ 	4. FEI Number		Appli	ied For
Principal Place of Business 2a. Mailing			ailing Address			59-3450900			Applicable
21		26						\$8.75 Ad	ditional
Suite, Apt. #	, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	ı 🗆 ·	Fee Requ	uired
22		27				6. Election Campaign Financi		\$5.00 M	lav Be
City & State	· · · · · · · · · · · · · · · · · · ·	City & Sta	te			Trust Fund Contribution	''g 🗆	Added to	- 1
23		28	<u> </u>	Country		8. This corporation owes the	urrent year l	intangible	
Zip	Country	Zip		Country		Personal Property Tax.		Yes [JNo
24	25 29 30					10. Name and Address of Ne	w Registere	d Agent	
	9. Name and Address of Curre	nt Registered Ager	<u> 1t </u>	81	Name	IV. Harris and the			
			-	(*)	ì				
BENHAM, BENJAMIN O.				82	Street Ad	dress (P.O. Box Number is Not Acc	aptable)		
2077 CURRYVILLE RD						3 10 1	1 1	1.5	
CHULUOTA FL 32766			83	ļ		મફે <u>ા ફર્મક</u>	ម ១៩ ខែ 🛵		
				84	City		F	85 Zip Ci	ode
l		,	<u> </u>					of changing its f	egistered
11. Pursuant i office or re agent. I ar	to the provisions of Sections 607.08 egistered agent, or both, in the State in familiar with, and accept the obliging the section of the section familiar with a section of the section of	502 and 607.1508, Fl e of Florida Such ch gations of, Section 60	lorida Statutes, t nange was autho 07.0505, Florida	the above orized by Statutes	e-named co the corpora s.	orporation submits this statement for ation's board of directors. I hereby a	cept the app	pointment as regi	stered
SIGNATURE	Signature, typed or printed name of registered a	and and title if applicable	(NOTE: Reg	istered Age	nt signature requ	uired when reinstating)	DATE		
	Signature, typed or printed name or registered a	AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTOR	RS IN 12
12.	DP OFFICERS 7	L.	DELETE	1.1 TITLE				☐ Change	☐ Addition
TITLE	BENHAM, BENJAMIN O.			1,2 NAME	· 1				
NAME	2077 CURRYVILLE RD			13STRFF	TADORESS	•			
STREET ADDRESS			Ï	1.4 CITY-5					<u>.</u>
CITY-ST-ZIP	CHULUOTA FL 32766	·	DELETE	2.1 TITLE				Change	☐ Addition
TITLE	DVPS		_ 0	2.2 NAME				•	
NAME	BENHAM, KATHLEEN M.				ET ADDRESS			. "	
STREET ADDRESS	2077 CURRYVILLE RD			_					
CITY-ST-ZIP	CHULUOTA FL 32766	- T	DELETÉ	2.4 CITY- 3.1 TITLE				Change	☐ Addition
TITLE STATE	操作品等 1000000000000000000000000000000000000		-) DELETE						
NAME				3.2 NAME	1				
STREET ADDRESS					ET ADDRESS	•			
CITY-ST-ZIP				3.4. CITY-				Change	☐ Addition
TITLE		Ĺ	DELETE	4.1 TITLE					
NAME		· ·		4. 2 NAME					
STREET ADDRESS	Į.				ET ADDRESS		5,527		
CITY-ST-ZIP				4.4 CITY-		the state of the s		Change	Addition
TITLE			DELETE	5.1 TITLE				Change	
NAME		•		5.2 NAME		•		-	
STREET ADDRESS				5.3 STRE	ET ADDRESS	ţ ,	÷ .	•	

6.4 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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

☐ DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME