

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

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90005 023 ***150.00

DOCUMENT # P97000050107

1. Corporation Name
YOUR TIME, INC.

Principal Place of Business
P.O. BOX 3728
LAKE CITY FL 32056-3728

Mailing Address
P.O. BOX 3728
LAKE CITY FL 32056-3728

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

59-3453152

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7257 N.W. 4th Blvd
Suite, Apt. #, etc.
22 Suite 140
City & State
23 Gainesville FL

2a. Mailing Address

26 7257 N.W. 4th Blvd
Suite, Apt. #, etc.
27 Suite 140
City & State
28 Gainesville FL

24 32607
Country
25 ALUACHA

29 32607
Country
30 ALUACHA

9. Name and Address of Current Registered Agent

DEFEO, WILLIAM
RT. 10 BOX 254
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	DEFEO, WILLIAM	P O BOX 3728 N/A	LAKE CITY FL 32056	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	DEFEO, WILLIAM	7257 N.W. 4th Blvd - Suite 140	GAINESVILLE FL 32607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-99

Date

352-870-2201

Daytime Phone #

0020115

CR2E034 (11/98)

P97000050107
579056-90005-23

June 17, 1999

Florida Dept Of State
Division of Corporations

Re: Corporation Annual Report
Your Time, Inc.

Due to a change of address, I have just received my
Corporate Annual Report Documents. Please accept my check
in the amount of \$150.00 and waive the penalty due.

Please change your records to reflect my new address
of:

7257 NW 4th Blvd-Ste 140
Gainesville, FL 32607

Sincerely,



Bill Defeo