PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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

03-23-1999 90056 009 ***150.00

DOCUMENT # P97000057588

1. Corporation Name

ZAUNER ENTERPRISES, INC.

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| Principal Place | e of Business | Mailing Ad | dress | | | | | | | | | | D) IBII IBUI | |
| · | EET NORTH #D | 3375 34TH STREET NORTH #D | | | | | - 1 | | | | | | | |
| ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 | | | | . • | | | 1 | | | | | | | |
| | | | | | | | 1 | | | RITE IN THI | SSPACE | | | 7 |
| | | | | | | | 1 | 3. Date Incorpor | | ed | | | | |
| | | | | | | | | 07/01/1997 | | | | A I' - | -15 | 1 |
| 2. Principal Pl | lace of Business | — | Address | | | | | 4. FEI Number | ^ | | ⊢ | | ed For | ┨ |
| 21 | | 26 | | | | | | 59-345668 | <u> </u> | | | | pplicable | } |
| Suite, Apt. | #, etc. | <u> </u> | Apt. #, etc. | | | | | 5. Certificate of S | Status Desired | | \$8.7 | Pegui Regui | | 1 |
| 22 | 2 7 1.5 | 27 City 8 | State , | | | - | | 2 Floriton Com- | | | 65.0 | | | ł |
| City & State | *** | | State , | g-3 * | *** | | ~~** . | Election Cam Trust Fund Co | | g - D | | ed to F | | |
| Zip | Country | 28 Zip | | Coi | untry | | - | 8. This corporati | | urrent vear Ir | | , , , , , , , , , , , , , , , , , , , | | 1 |
| | 25 | 29 | r. | 30 | y | | * | Personal Prop | | uneni year ii | · 🖺 Yes | | No | |
| 24 | 9. Name and Address of Current | | | <u> </u> | Т | | L | 10. Name and A | | v Registered | Agent | | | 1 |
| | J. Harris and Madress S. Carre | | 9-/ | | 81 | Name | | | | | | | | 1 |
| JOHI | NSON, DOUGLAS E | | | | - | - <u>-</u> | | (2.0.0.11.1 | * * * * * * * * * * * * * * * * * * * * | 4 . 4.1 - 3 | . | | | 1 |
| 3375 | 34TH STREET NORTH #D | | | | 82 | Street A | Addres | is (P.O. Box Numb | er is Not Acce | ptable) | | | | |
| ST. F | PETERSBURG FL 33713 | | | | 83 | | | | | | | | | 1 |
| | | | | | Ш | | | ··· | | | | | | 1 |
| | • | | | | 84 | City | | | • | FI | _ 85 Z | ip Cod | 36 | |
| 11 -Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508 | Florida Statute | s, the a | above | -named | corpora | ation submits this | statement for t | he purpose o | f changing | its reg | gistered | ١. |
| office or n | egistered agent, or both, in the State of manifer with, and accept the obligat | of Florida. Such | change was au | thorized | d by t | the corpo | oration' | 's board of director | s. I hereby ac | cept the appo | intment as | regist | tered | ľ |
| ∣ agentira | m iamiliai with, and accept the congat | 110113 01, 3664011 | | | | | | | | | | | | 1 |
| { | A Committee of the Comm | • | , , , , , , , , , , , , , , , , , , , , | | iuioo. | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | | | | | | equired w | men reinstating) | | DATE | | | | ا ا |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable | . (NOTE: I | | | | equired w | nen reinstating) ADDITIONS/C | HANGES TO | | ND DIREC | TORS | S IN 12 | í |
| | | t and title if applicable | . (NOTE: I | Registered | d Agent | | equired w | | HANGES TO | | ND DIREC | | S IN 12 | 60,77 |
| 12. | OFFICERS ANI | t and title if applicable | . (NOTE: I | 13. | d Agent | | equired w | | HANGES TO | | | | | 00,777 |
| 12. TITLE | OFFICERS ANI | t and title if applicable | . (NOTE: I | 73. 1.1 TI | d Agent ITLE IAME | | equired w | | HANGES TO | | | | | 100,777 |
| 12. TITLE NAME STREET ADDRESS | P JOHNSON, DOUGLAS E | t and title if applicable | . (NOTE: I | 13. 1.1 TI 1.2 N 1.3 S | d Agent ITLE IAME | t signature re | equired w | | HANGES TO | | | | | 100.757 |
| 12. TITLE NAME | OFFICERS AND P JOHNSON, DOUGLAS E 5219 59TH WAY WEST | t and title if applicable | . (NOTE: I | 13. 1.1 TI 1.2 N 1.3 S | d Agent ITLE AME TREET | t signature re | equired w | | HANGES TO (| | | je . | | 1000 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHNSON, DOUGLAS E 5219 59TH WAY WEST KENNETH CITY FL 33709 | t and title if applicable | NOTE: I | 13. 1.1 TI 1.2 N 1.3 S 1.4 C | d Agent ITLE IAME ITREET | t signature re | equired w | | HANGES TO 0 | | ☐ Chane | je . | Addition | 300.777 |
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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

DECHIRED IG OFFICER OR DIRECTOR