

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90119 032 ***150.00

DOCUMENT # P97000062420

1. Corporation Name
BEST WRITE, INC.

Principal Place of Business
455 DOUGLAS AVE. STE. 2155B
ALTAMONTE SPRINGS FL 32714

Mailing Address
31 LA CASA ST
LEESBURG FL 34748
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

59-3476142

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

2a. Mailing Address

21 31 LA CASA ST

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Leesburg, FL 34748

28 Zip

24 Country

29 Country

25 Lake

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEST, CAROL L
455 DOUGLAS AVE. STE. 2155B
ALTAMONTE SPRINGS FL 32714

81 Name Best CAROL L.

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

31 LA CASA ST.

83 Leesburg, FL 34748

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 Carol L. Best

4/10/99

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

TITLE D ☐ DELETE

NAME BEST, CAROL L
STREET ADDRESS 31 LA CASA ST.
CITY-ST-ZIP LEESBURG FL 34748

1.1 TITLE ☐ Change ☐ Addition

NAME BEST, CAROL L
STREET ADDRESS 31 LA CASA ST.
CITY-ST-ZIP LEESBURG FL 34748

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME BRAMMEIER, LISA F
STREET ADDRESS 203 WILSHIRE DR.
CITY-ST-ZIP CASSELBERRY FL 32707

2.1 TITLE ☐ Change ☐ Addition

NAME BRAMMEIER, LISA F
STREET ADDRESS 203 WILSHIRE DR.
CITY-ST-ZIP CASSELBERRY FL 32707

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
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 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:

CAROL L. BEST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

Date

(352) 728 5555
(352) 315 2130
Daytime Phone #

CR2E034 (11/98)

0509695