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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Jan 27, 1999 8:00am

Secretary of State

☐ Change

☐ Addition

01-27-1999 90032 020 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000072974

GARY JERNIGAN BUILDERS, INC.

asimakowaki ista

PACE RE 105 1

6173 保护医疗

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Principal Place	of Business	Mailing Address						
6123 CURTIS ROAD		6123 CURTIS ROAD			·			
PACE FL 32571		PACE FL 32571			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					08/21/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number		Applied	d For
21	355 51 535355	26			59-3471402		Not Ap	plicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Addit	
22		27				e Require	─ ──	
City & State		City & State		6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		· 1	
23		28			Trust Fund Contribution			ees
Zip	Country	Ζip	Cou	ntry	This corporation owes the current Personal Property Tax.	t year Intangible Yes⊟		No
24	9. Name and Address of Current	29 Barletored Agent	30		10. Name and Address of New Reg			
	9. Name and Address of Current			81 Name		<u></u>		
JERN	IIGAN GARY	· · · ·		00 01	(D.O. Bay Number is Not Assessable	۵۱		
	CURTIS ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)	+ #1 1555 A	
PACE	E FL 32571			83	1. 10 18 18 18 18 18 18 18 18 18 18 18 18 18	经过程设施		611
				84 City	1. 机混合 人名巴克拉克	221 (85 A21 85)	Zip Code	e 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	bove-named corp	poration submits this statement for the pu	the annointment	as reniste	ered
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida. Such change was a	ALIKOOTI ZEEL	i dv ine corborad	poration submits this statement for the pulson's board of directors. I hereby accept t	the appointment	as registe	ered
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida: Such change was a ons of, Section 607.0505, Flo	orida Stat	i by the corporati utes.	orrs abard of directors. Thereby accept to	по аррожитот	as registe	ered
office or nagent. I at	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	r Florida: Such Change was a cons of, Section 607.0505, Floring and title if applicable. (NOT	orida Stat	i by the corporati utes.	ed when reinstating);	DATE		
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6.1 TITLE

6.2 NAME

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 in Changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE .