

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90009 024 ***550.00

DOCUMENT # **P97000073138**

Corporation Name
FRED NEAL, INC.



Principal Place of Business
5151 ISLA KEY, #219
ST. PETERSBURG FL 33715

Mailing Address
5151 ISLA KEY, #219
ST. PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5117 VENETIAN WAY		2a. Mailing Address 5117 VENETIAN WAY		3. Date Incorporated or Qualified 08/22/1997	
Suite, Apt. #, etc. WAY		Suite, Apt. #, etc.		4. FEI Number 59-3467387	
City & State JACKSON, MS		27. City & State JACKSON, MS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 39211		29. Zip 39211		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country USA		30. Country USA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent NEAL, FRED 5151 ISLA KEY, #219 ST. PETERSBURG FL 33715				10. Name and Address of New Registered Agent	
				81. Name FORREST P. JORDAN	
				82. Street Address (P.O. Box Number is Not Acceptable) 5548 S.W. LANDING CREEK DRIVE	
				83.	
				84. City Palm City	
				85. Zip Code FL 34990	

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **8/23/99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, FRED 5151 ISLA KEY, #219 ST. PETERSBURG FL 33715 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D NEAL, FRED 5117 VENETIAN WAY JACKSON, MS 39211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
E NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/1/99**
Daytime Phone # **601-936-9038**

CR2E034 (5/99)

0091253