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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075057

PROFESSIONAL FENCE COMPANY

Principal Place of Business 1059 APRICOT AVE., SE

Mailing Address

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90120 003 ***150.00



1 .	FL 32909	1059 APRICOT AVE SE PALM BAY FL 32909	·				
					DO NOT WRI	TE IN THIS SPA	∆CE
<u> </u>					3. Date Incorporated or Qualifed		105
	al Place of Business	2a. Mailing Address			08/28/1997		
21		26			4. FEI Number		Applied For
	Apt. #, etc.	Suite, Apt. #, etc.			<u>59-3469937</u>		Not Applicable
City % C		27			5. Certifcate of Status Desired		8.75 Additional
City & S	olare ——	City & State					Fee Required
23 Zip		28			6. Election Campaign Financing		5.00 May Be
_ `	Country	Zip	Cour	ntrv	Trust Fund Contribution		Added to Econ
24	25	29	30	i i i y	8. This corporation owes the curre	nt year Intangibl	le
	9. Name and Address of Cur	rent Registered Agent			reisonal Property Tax.		
WI	ILSON, ROBIN			81 Name	10. Name and Address of New Re	gistered Agent	1
10	59 APRICOT AVE., SE		L				<u> </u>
ΡΔ	ILM BAY FL 32909		82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
• • • • • • • • • • • • • • • • • • • •	CM DAT FL 32909		ļ.	B3		ie)	
				03			 -
	_		1	34 City		<u> </u>	_
11. Pursuan	at to the provisions of Sections 607.05	502 and 607 1509 Florid 60		, ,	corporation submits this statement for the puration's board of directors. I hereby accept the	E1 85	Zip Code
agent. I	registered agent, or both, in the Stat	e of Florida. Such change was a	es, the about 0 thorized H	ove-named o	corporation submits this statement for the pur-	EDOSO of changi	11
SIGNATURE	:	gations of, Section 607.0505, Flor	rida Statute	es.	corporation submits this statement for the puration's board of directors. I hereby accept the statement for the pure statement for the pu	he appointment	ng its registered as registered
	Signature, typed or printed name of registered ag						•
2.	OFFICERS A	ND DIRECTORS (NOTE:	Registered Ag	ent signature rec	quired when reinstating)	DATE	
TLE	ע ן	☐ DELETE	13		ADDITIONS/CHANGED TO SEE	DATE	
	1 1401					EDO AND BULL	
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Indicated on this annual report or 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99