FILE NOW FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 12, 1999 8:00 am Secretary of State

02-12-1999 90006 050 ***150.00

DOCUMENT # P	9700008	0251
DOUGLAS J. LAMMERS.	P.A.	

da in 1 Blace of Business

Principal Place of Business 4185 N.W. HIGHWAY 40 SUITE 4 OCALA FL 34482 Mailing Address
4185 N.W. HIGHWAY 40
SUITE 4

OCALA FL 34482	A 100 A	OCALA FL 34482	DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 09/15/1997		
2. Principal Place of E	Business	2a. Mailing Address	4. FEI Number Applied For		
1	·	26	59-3470354 Not Applicable		
Suite, Apt. #, etc.	ų.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional		
2		27	5. Certificate of Status Desired Fee Required		
City & State		City & State	6. Election Campaign Financing \$5.00 May Be		
3	The state of the s	28	Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country	8. This corporation owes the current year Intangible		
4	25	29 30	Personal Property Tax. X Yes ☐ No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					

LAMMERS, DOUGLAS J 4185 N.W. HIGHWAY 40 SUITE 4 OCALA FL 34482

10. Name and Address of New Registered Agent				
81	Name .			
82	Street Address (P.O. Box Number is Not Acceptable)			
l	1. 27 年 至於 1. 27 · 1. 2 · 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
83	所以於此。 1911年 - 1911年			
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	94 J				
				ATE	20 IN 42
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D DELETE	1.1 TITLE	19 图 第四	☐ Change	☐ Addition
NAME	LAMMERS, DOUGLAS J	1.2 NAME			
STREET ADDRESS	2401 S.W. 36TH AVENUE	1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34474	1.4 CITY-ST-ZIP			
TITLE	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	•	2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	and the second s	2.4 CITY-ST-ZIP			
TITLE	OELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	A Company of the Comp	3.2 NAME	•		
STREET ADDRESS		3.3 STREET ADDRESS	(1985) (A. A. A	生物學的學術學的	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	3.4. CITY+ST-ZIP			Algeria Pr
TITLE	☐ DELETE	4.1 TITLE	រ ដើមមិនប្រសិក្សាមួយ មិ	Change	Addition
NAME	•	· 4. 2 NAME		•	
STREET ADDRESS		4.3 STREET ADDRESS		•	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME		•	
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	61 TITLE		☐ Change	☐ Addition
NAME		62 NAME		••	
STREET ADDRESS		6.3 STREET ADDRESS			
01707 07 717		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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1-72-66 329-979-2124

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