

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

DOCUMENT # P97000082692
1. Corporation Name

GOLDEN BULL ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 10158
TALLAHASSEE FL 32302

Mailing Address

P.O. BOX 10158
TALLAHASSEE FL 32302

APPROVED
AND
FILED

99 SEP 16 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1997

4. FEI Number

Applied For

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.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, MARK S
245 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

81 Name

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

83

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

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 PC
NAME JETER, JAMES PHILLIP
STREET ADDRESS 2849 OHARA DR
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

200002989212-0
-09/16/99-01068-004
*****558.75 *****558.75

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE: *James Phillip Jeter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99

Date

599-3112

Daytime Phone #

CR2E034 (5/99)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Golden Bull Enterprises, Inc.															
	2 Trade name of business (if different from name on line 1) None		3 Executor, trustee, "care of" name													
	4a Mailing address (street address) (room, apt., or suite no.)		5a Business address (if different from address on lines 4a and 4b)													
	4b City, state, and ZIP code		5b City, state, and ZIP code													
	6 County and state where principal business is located Leon County - Florida															
	7 Name of principal officer, general partner, grantor, owner, or trustor. SSN or ITIN may be required (see instructions) ► James Phillip Jeter -248-86-6429															
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a. <table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> Other corporation (specify) ►</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ►</td><td>(enter GEN if applicable)</td></tr><tr><td colspan="2"><input checked="" type="checkbox"/> Other (specify) ► Profit Corporation</td></tr></table>			<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►	<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)	<input checked="" type="checkbox"/> Other (specify) ► Profit Corporation
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<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)															
<input checked="" type="checkbox"/> Other (specify) ► Profit Corporation																
8b If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country														
Florida																
9 Reason for applying (Check only one box.) (see instructions) <input checked="" type="checkbox"/> Started new business (specify type) ► Promotions and Communication <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Other (specify) ►																
10 Date business started or acquired (month, day, year) (see instructions) Incorporated 9/30/97		11 Closing month of accounting year (see instructions) 12th (December)														
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► None 5/1/2000																
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ► 2																
14 Principal activity (see instructions) ► Consulting Services																
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►																
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►																
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.																
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Not applicable Trade name ►																
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN N/A N/A None																
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.																
Business telephone number (include area code) 850-893-0462																
Fax telephone number (include area code)																

Name and title (Please type or print clearly.) ► **James Phillip Jeter**

Signature ► **James Phillip Jeter**

Date ► **9/15/99**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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