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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092930

FILED Feb 26, 1999 8:00 am Secretary of State 02-26-1999 90055 018 ***150.00

A TO Z LAND HOLDING COM	PANT, INC.					
Principal Place of Business	Malling Address			Lawridge (18 inner 1881) sain main		
3345 TRLCITY AVENUE	3345 TRI CITY AVENUE			ļ		
COCOA+[3226, COCOA+[3626			DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
6370 S. USI			3. Date Incorporated or Qualifed			
ROCKLEDGE FIA.32955				10/29/1997		
2. Principal Place of Business	2a. Mailing Address	1. 01		4. FEI Number	ļ	Applied For
16310 8, WSI		<u>US1</u>		59-3477536	60 7	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	~ =	,	5. Certificate of Status Desired	1 1 7	5 Additional Required
City & State	27 RACK LEDG	7		8. Election Campaign Financing		00 May Be
BROCKLEDGE FL	28 3 2955			Trust Fund Contribution		led to Fees
Zip Country	Zip	Country			nt year Intangible	
4 3 2955 [25]	29	30		Personal Property Tax.	☐ Yes	□No
	Current Registered Agent			10. Name and Address of New Re	gistered Agent	
COLUMNICE CHARGE		81	Name			
SCHILLINGER, CHARLES A 3125 WEST NEW HAVEN AVEN	AN IE	82	Street Ad	Idress (P.O. Box Number is Not Acceptab	le)	
SUITE 200	405	-				
W. MELBOURNE FL 32904		83				
W. MCLOOOMIC I'C 02004		84	City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 6	The state of the s		*****	constitution as thereits this statement for the m		n its maistered
office or registered agent or both in the	State of Florida, Such change was at	ithorized by t		tion's board of disorders. I becany accept	the appointment a	s registered
	obligations of, Section 607.0505, Flor	ida Stalutes.	пе согрога	organism submits this statement for the pation's board of directors. I hereby accept	•••	
				and when reinstating)	DATE	
SIGNATURE Signature, typed or printed name of regist	ered agent and title if applicable (NOTE: RS AND DIRECTORS	Registered Agent		ured when reinstating) ADDITIONS/CHANGES TO OFF	CERS AND DIREC	CTORS IN 12
SIGNATURE Signature, typed or privided name of regist 12. OFFICE TITLE D	ered agent and title if applicable (NOTE:	Registered Agent 13. 1.1 T/TLE	signature requ	ADDITIONS/CHANGES TO OFFI	DATE	CTORS IN 12
SIGNATURE SIgnature, typed or privide name of regist 12. OFFICE TITLE D STICKRATH, TIMOTHY	ered agent and title if applicable (NOTE: RS AND DIRECTORS	Registered Agent 13. 1.1 T/TLE 1.2 NAME	signature requ	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 12
SIGNATURE SIgnature, typed or privided name of regist 12. OFFICE TITLE D NAME STICKRATH, TIMOTHY STREET ADDRESS 3345-TRLCTY AVENUE	ered agent and title if applicable (NOTE: RS AND DIRECTORS	Registered Agent 13. 1.1 T/TLE 1.2 NAME 1.3 STREET	algnature requi	ADDITIONS/CHANGES TO OFFI PRESIDENT STICKRATH, TIMOTHY 6370 S. U.S.#!	CERS AND DIRE	CTORS IN 12
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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 appeals to Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF