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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102068

ALL SEASONS PLANNING INC.

1		
Principal Place of Business	Mailing Address	
PO BOX 3523 LAKE CITY FL 32056	PO BOX 3523 LAKE CITY FL 32056	
2. Principal Place of Business	2a. Mailing Address	

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90184 048 ***150.00

Principal Plac	e of Business	Ma	iting Address				(ARTI TÜLÜL İJORLI		
PO BOX 3523			BOX 3523				·			
LAKE CITY FL	32056	LAK	E CITY FL 32056				DO NOT W	RITE IN THIS	SPACE	
							3. Date Incorporated or Qualife		- OI AUL	\neg
							01/01/1998			
2 Principal P	Place of Business		Mailing Address				4. FEI Number	 -	Apr	plied For
21		26	ŭ				39-348646	<i>7</i> 5	Not	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				- Operity of Otation Provinced		\$8.75 A	dditional
22		27					5. Certifcate of Status Desired		Fee Re	quired
City & Stat	te		City & State				6. Election Campaign Financin	g 🖂	\$5.00	May Be
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country		Zip	Countr	y		8. This corporation owes the co	urrent year Int		
24	25	29		30			Personal Property Tax.	. D!		M 6
	9. Name and Address of	of Current Regist	ered Agent	8	1 Name		10. Name and Address of Nev	Registered	Agent	
7110	ER, JAMES R			ľ	Name	, i				
ł ·	LITTLE RD			8:	2 Street	Addres	ss (P.O. Box Number is Not Acce	ptable)		
l	E CITY FL 32055			8						
	E 011112 02000			"	"					
				8	4 City			FL	85 Zip C	Code
44 Durayant	the the provisions of Continuo	607 0502 and 60	7 1508 Florida Statu	tee the abo	ve-named	d cornor	ration submits this statement for the			registered
office or r	registered agent, or both, in t	the State of Florida	a. Sych change was a	authorized b	y the corp	oration	ration submits this statement for the statement for the state of directors. I hereby according to the state of the state o	ept the appoi	ntment as rec	gistered
										1
agent. I a	am familiar with, and accept t	the obligations of,	Section 607.0505, Fig.	orida Statute) S.			1/2	abo	}
agent. I a SIGNATURE	- Dungs K	- Nu	UU					-4/z	3/99	
SIGNATURE	Signature, liped or printed name of reg	gistered agent any title if	applicable. (NOT	E: Registered Ag			when reinstating)	DATE_	3/99_	
	Signature, liped or printed name of reg	- Nu	applicable. (NOT		ent signature	required v	when reinstating) ADDITIONS/CHANGES TO 0	DATE_	3/99_	
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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 enanged, or on an attachment with an application of the empowered.

SIGNATURE: