

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90052 032 ***150.00

DOCUMENT # P97000104160

1. Corporation Name

THREE-STAR ENTERPRISES, INC.

Principal Place of Business

102 MCDOWELL ST.
SANTA ROSA BEACH FL 32549

Mailing Address

1115 WHITE POINT ROAD
NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1997

4. FEI Number

59-3472960

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1115 White Point Road

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Niceville FL.

27

City & State

City & State

23 32578-4238 USA

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAKNIS, GEORGE P
616 SEA OATS DRIVE
DESTIN FL 32541

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDOWELL, CHARLES D	1.2 NAME	Warren B Fleeman III
STREET ADDRESS	102 MCDOWELL ST.	1.3 STREET ADDRESS	3737 St. Johns Bluff Rd. S. Apt 1314
CITY-ST-ZIP	SANTA ROSA BEACH FL 32549	1.4 CITY-ST-ZIP	Jacksonville FL
TITLE	OWNER / President <input type="checkbox"/> DELETE	2.1 TITLE	Board member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEEMAN, WARREN B	2.2 NAME	Allen S. Fleeman
STREET ADDRESS	1115 WHITE POINT ROAD	2.3 STREET ADDRESS	1115 White Point Road
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	Niceville FL 32578
TITLE	D Board Member <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEEMAN, CAROL S	3.2 NAME	
STREET ADDRESS	1115 WHITE POINT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, PATRICIA D	4.2 NAME	
STREET ADDRESS	102 MCDOWELL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32549	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)