Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90077 048 ***150.00

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

DOCUMENT # **P97000105549**

1. Corporation						
JOAN C.	ROBUCK, INC.					S TORRINGS THE LEVEL SEATH BOTH BOTH BOTH HEN COLOR BING SHALL SHILL SELECTION
Principal Place of Business Mailing Address						[
31 N BRAEMAR DR 31 N BRAEMAR DR						
INVERNESS FL 34450		INVERNESS FL 34450				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						12/15/1997
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3492046 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				ree Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	28				Tract and Comments	
Zip	Country	Zip	_	untry		8. This corporation owes the current year Intangible Personal Property Tax. Yes
24	9. Name and Address of Curr	29	30	7		10. Name and Address of New Registered Agent
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. 10.00
ROBUCK, JOAN C						
31 N BRAEMAR DR				82	Street A	Address (P.O. Box Number is Not Acceptable)
INVERNESS FL 34450				83		
				84	City	85 Zip Code
					1	FL
11. Pursuant	to the provisions of Sections 607.0	1502 and 607.1508, Florida Sta	tutes, the	above d by	e-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Sta	tutes	i.	•
SIGNATURE						equired when reinstating) DATE
Signature, types of printer thanks					n signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	DELETE	13. 1.1 T	TILE		☐ Change ☐ Addition
NAME	ROBUCK, JOAN C		1.2 M	IAME		
STREET ADDRESS	31 N BRAEMAR DR		1.3 \$	TREE	TADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450		1.4 (CITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 1	mle		☐ Change ☐ Addition
NAME			2.21	NAME		
STREET ADDRESS			2.3 \$	TREE	T ADDRESS	· ·
CITY-ST-ZIP			2. 4	CITY-5	ST-ZIP	
TITLE		☐ DELETE	311	TITLE		Change Addition
NAME			3.21	NAME		
STREET ADDRESS			3.3	STREE	T ADDRESS	
CITY-ST-ZIP					ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1	IIILE		Criange [] Addition

6.4 CITY-ST-ZIP 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

☐ Addition

Addition