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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 21, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State 04-21-1999 90173 018 ***150.00 **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000106287**1. Corporation Name

LOU BOB'S UNLIM	ITED, INC.								
Principal Place of Business	Principal Place of Business Mailing Address								
2246 TUSCAVILLA RD. TALLAHASSEE FL 32317		2246 TUSCAVILLA RD. TALLAHASSEE FL 32317				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 01/01/1998			
2. Principal Place of Busines	F	2a. Mailing Addres	3		J	4. FEI Number 59-3482894			
Suite, Apt. #, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution \$5				
Zip 24 2	Country	Zip 29	30	untry		8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
WEBB-YAROSH,	BELINDA			81					
P. O. BOX 13774	,			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
TALLAHASSEE F	L 3231/			83					
				84	City	FL 85			

of changing its registered pointment as registered

agent. i a	im familiar with, and accept the obligations of, Section 607.0505, Front	ia Statutes,				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI			
TITLE	Dr. (5) VAT	1.1 TITLE		☐ Change	Addition	
AIAME	Our webb-gansh	1.2 NAME				
PANNE ADDRESS	Belirda Webb-42nsh 2246 Tuscavilla Rd	1.3 STREET ADDRESS				
	TALIA hassau, FL. 32312					
CATY-ST-ZIP	TALIA NASSELL, 1-L. 32312	1.4 CITY-ST-ZIP 2.1 TITLE		Change	[] Addition	
TITLE	Dereie			_ Општус		
NAME		2.2 NAME				
STREET ADORESS		2.3 STREET ADDRESS				
CITY-ST-ZIP ~	The second section is a second section of the second section of the second section sec	2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE	•	☐ Change	☐ Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS	•			
CITY-ST-ZIP	·	3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
ÇITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME		6.2 NAME				
	किन्द्रस्य र इन्हरू	6.3 STREET ADDRESS				
CITY-ST-ZIP	The property of the second of	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:

Belinds Webb-Yarosh 4/15/99 850-841-3662

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

XNo

85 Zip Code