

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 9/15/99: \$600 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000107335 1. Corporation Name FOUR PROFIT, INC.			
Principal Place of Business 1890 S 14 STREET STE 305 FERNANDINA BEACH FL 32034		Mailing Address 1890 S 14 STREET STE 305 FERNANDINA BEACH FL 32034	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent GETTIG, RONALD E 1890 S 14 STREET STE 305 FERNANDINA BEACH FL 32034		10. Name and Address of New Registered Agent 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 607.0506, 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 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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)(f), 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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

FILED
99 OCT 22 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



8/11/99 900010734 \$150.00
DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)



FOUR PROFIT, INC

39 Beachwood Rd.
Amelia Island, FL 32034
904.261.3883
Fax 904.261.0253

Dr. Ron Gettig - Pres.
Mr. Jim Wallace - Vice Pres.

Dr. Ann Ramsay - Sec.
Mr. Bill Bertke - Tres.

July 16, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 1999 Profit Corporation Annual Report
Four Profit, Inc.

Dear Ladies/Gentlemen:

The initial "Corporation Annual Report" was either lost in the mail or miss-filed. The corporation has diligently conformed to all state laws of Florida during the course of its existence.

In consideration of the corporation's good standing with the Florida Department of State during its existence and especially during the past year, we respectfully request abatement of the \$400 late filing penalty.

Enclosed is our check in the amount of \$150.

Thank you for your consideration.


Ronald Gettig
President

RG:ch

P9700007335
604068-90001-34

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

(3)

DOCUMENT # P97000107335

1. Corporation Name

FOUR PROFIT, INC.

Principal Place of Business

1890 S 14 STREET STE 305
FERNANDINA BEACH FL 32034

Mailing Address

1890 S 14 STREET STE 305
FERNANDINA BEACH FL 32034



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1997

5. FEI Number

593515318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GETTIG, RONALD E	1890 S 14 STREET STE 305	FERNANDINA BEACH FL 32034

This Application was sent in, must
have gotten lost. Hope this will solve
this matter. This is our FEIN #
If any problems call 904-261-220- (Carolyn)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GETTIG, RONALD E
1890 S 14 STREET STE 305
FERNANDINA BEACH FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #