## PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000108453

NORTH FLORIDA BRONZING, INC.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90032 028 \*\*\*150.00

Principal Place of Business Mailing Address				1 19911941 118 18111 18111 18111 18111	hit en et i			
3792 MITZI WAY 3792 MITZI WAY					Í			
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308					DO NOT WRITE IN THIS SPACE			
						NO SPACE		1
					3. Date incorporated or Qualified			)
	<u> </u>			·	01/01/1998		-lind Fan	ł
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-3485392		plied For	
28					59-3485392		t Applicable	ł
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		1
22	27							. 1
City & State	City & State				-6. Election Campaign Financing	\$5.00		
23	28	Cou			Trust Fund Contribution	Added to	C Fees	i
Zip Country	Country Zip				8. This corporation owes the current year	Intangible	<b>⊠</b> No	
24 25	29	<del></del>			1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Miso	1
9. Name and Address of Current	Registered Agent		-21	<del></del>	10. Name and Address of New Register	M Agent		ĺ
***************************************			81	Name				(
MCKINNELL, DEBBIE			B2	Street Addre	ss (P.O. Box Number is Not Acceptable)			ł
3792 MITZI WAY			Ш					4
TALLAHASSEE FL 32308			83	_			•	
			84	City		85 Zip C	ode:	i
<u>'</u>	, <b>.</b>		**	City	F	L		j
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent, Lam familiar with, and accept the obligation SIGNATURE  SIGNATURE	in Florida, Stich change was at lone of, Section 667,0505, Flor	rida Stati	utes.	па согрогация	is coald of directors. Thorough accept the op-	pointment as rec	gistered	
Signature, typed or printed name of registered agent		Registered	Agent :	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	88
12. OFFICERS AND	DELETE	1.1 TI	TI E	<del></del> -	ADDITIONS/CALVIGES TO CITIZENS	Change	Addition	CR2E034 (11/98)
TITLE President	□ velere						_	4
NAME Deborth B. Mckinnell		1210					1	S
STREET ADDRESS 3742 m.tri Way		ı		ODRESS				1 🖁
	FL 32308		1.4 CITY-ST-ZIP			Change	☐ Addition	15
TIME Vice Prosisiont	☐ DELETE	1	TITLE		•	Cama	[_]//00/00//	-
NAME JAMES MCKINNELL	James mckinnell		2.2 NAME					i
STREET ADDRESS 3792 M + ZIWA			2.3 STREET ADDRESS					l,
OTTY-ST-ZP TELLAHASSER FL 37	2308		TY-ST	.ZIP			Addition	! !
TITLE	OELETE .	3.1 TI	TLE			* Change		
NAME		32 N	AME	ĺ			'	1
STREET ADDRESS		7338	TREET A	VDORESS	<del></del>		·	<del>]</del> -
CITY-ST-ZIP		3.4. C	ITY-51-	.TP	<del></del>	· - <u> · · · · · · · · · · · · · · · ·</u>		ł
TITLE	☐ DELETE	4.1 TI	TLE	_ }		Change	Addition	1
NAME		4.2 N	ME			_		ĺ
STREET ADDRESS		4.3 ST	TREETA	ADDRESS				1
CITY-ST-ZIP		4.4 CI	ITY-ST-	20°				1
TITLE	☐ DELETE	5.1 TI	TLE			☐ Change	☐ Addition	}
NAME		5.2 N	ALÆ.					l
STREET ADDRESS		5387	REET #	NOORESS.	•			1
CITY-ST-ZIP		5.4 CI	ITY-ST-	zi <sup>o</sup>				J
TITLE	☐ 0€LETE	6.1 TI	TLE		<del></del>	Change	Addition	1
NAME		62 N	AME.	1				l
1		6351	TREET #	LODRESS			i	
STREET ADDRESS				[				

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:

DISTRIBUTED

3/22/55 850-665

850-668-2872