

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90078 026 ***150.00

DOCUMENT # P98000002939

1. Corporation Name
FFLIC & AMRON, INC.

Principal Place of Business
~~3226 S.E. 38th St.~~
OCALA FL 34471

Mailing Address
EDWARD M. LIVINGSTON, ESQ.
P.O. BOX 1599
WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

59-3486481

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

21 1319 E. Silver Springs Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Ocala, FL

28 City & State

24 Zip 34471 25 Country US

29 Zip Country

9. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M
628 ELLEN DRIVE
P.O. BOX 1599
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE D ☐ DELETE

NAME WEEKS, CLIFFORD M

STREET ADDRESS ~~3226 S.E. 38th St.~~

CITY-ST-ZIP Ocala FL 34471

13. TITLE D ☐ DELETE

NAME WEEKS, NORMA C

STREET ADDRESS ~~3226 S.E. 38th St.~~

CITY-ST-ZIP Ocala FL 34471

14. TITLE D ☐ DELETE

NAME BALLER, MARY

STREET ADDRESS 4 BANYAN DR.

CITY-ST-ZIP Ocala FL 34472

15. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

18. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D/P

Weeks, Clifford M. Jr.

1319 E. Silver Springs Blvd.

Ocala, FL 34471

D/S/T

Weeks, Norma C.

1319 E. Silver Springs Blvd.

Ocala, FL 34471

D

Sneed, Leroy W.

2260 S.W. 80th Ave.

Ocala, FL 34481

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:

Norma C. Weeks 4/22/99 352-620-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)