

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
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90002 045 ***550.00

DOCUMENT # P98000006608

1. Corporation Name

MR. INTERSTATE DIRECTORY CORPORATION



Principal Place of Business

Mailing Address

P.O. BOX 135
FORT MCCOY FL 32134

P.O. BOX 135
FORT MCCOY FL 32134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

59-3509322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 15699 NE 167th LN
Suite, Apt. #, etc.

26 P.O. Box 1256
Suite, Apt. #, etc.

22 City & State
23 Ft. McCoy FL

27 City & State
28 Ocala, FL

24 Zip 32134 25 Marion Country

29 Zip 34478 30 USA Country

9. Name and Address of Current Registered Agent

TURNER, CRAIG W
2603 S.E. 17TH STREET, SUITE C
OCALA FL 34471

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PATTERSON, WILLIAM
STREET ADDRESS P.O. BOX 135
CITY-ST-ZIP FORT MCCOY FL 32134

TITLE D ☐ DELETE
NAME PATTERSON, ANDASIA M
STREET ADDRESS P.O. BOX 135
CITY-ST-ZIP FORT MCCOY FL 32134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PATTERSON, WM ☒ Change ☐ Addition
1.2 NAME PRESIDENT
1.3 STREET ADDRESS P.O. BOX 1256
1.4 CITY-ST-ZIP Ocala, FL 34478

2.1 TITLE PATTERSON, ANDASIA ☒ Change ☐ Addition
2.2 NAME SECRETARY
2.3 STREET ADDRESS P.O. BOX 1256
2.4 CITY-ST-ZIP Ocala, FL 34478

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)