

PROFIT CORPORATION ANNUAL REPORT

1999

1546 LISA AVENUE

FERNANDINA BEACH FL 32034

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90027 002 ***150.00

Applied For Not Applicable \$8.75 Additional Fee Required \$5:00 May Be Added to Fees

Zip Code

85

DOCUMENT #	P98000009117

OTTIS EN	TERPRISES, INC.					
Principal Place of	of Business	Mailing Addres	is			
1546 LISA AVENUE 1546 LISA AVENUE FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 01/29/1998		
2. Principal Plac	ce of Business	2a. Mailing Add	iress		4. FEI Number Applied For	
21		26			4-59-349-0037 Not Applicab	
Suite; Apt. #,	etc.e.	Suite, Apt	#;etc.	پ د پایستان در	5. Certificate of Status Desired/\$8.75 Additional Fee Required	
City & State		City & State	o =		g, Election Campaign Financing \$5:00 May Be- Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip 29	70 J	intry	8. This corporation owes the current year intangible Personal Property Tax.	
 -	9. Name and Address of Cu			1	10. Name and Address of New Registered Agent	
PURIF	OY, OTTIS			81 Name	(C.C. Davidson in M. Assaulth)	

FL 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.

City

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

SIGNATURE	Signature, typed or prested name of registered agent and title if applicable	, (NOTE: Ru	gistered Agont signature n	equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	PD	DELETE	1,1 TTILE	Change	☐ Addition
HAME	PURIFOY, OTTIS		1.2 NAME		ļ
STREET ADDRESS	ARTON AND AND AND AND AND AND AND AND AND AN		1.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		1.4 CTTY-6T-ZIP		
TITLE	VD	DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	PURIFOY, JUDY		22 NAME		
STREET ADDRESS	1546 LISA AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	····	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			34 CITY-ST-ZIP		
TITLE		☐ DELETE	4.5 TITLE .	Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS	·		4.3 STREET ADDRESS		
CITY-ST-ZIP	,		4.4 CITY-ST-ZIP		
TITLE	3. 1.1	DELETE	5.1 TITLE	☐ Change	Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		T A Adda
TIME		DELETE	6.1 TITLE	☐ Change	Addition
NAME			62 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZEP			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 inistee 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 all attachment with an address, with all other like empowered.

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12/10	JANAT MRE	SIGNING OFFICER OR DIRECTOR	PURIFO	7
HATURE AND THE	ED OF PRINTED RAME OF	SIGNING OFFICER OR DIRECTOR		