PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90090 031 ***150.00

	1999									
DOCU 1. Corporatio	MENT # P9800	0009140				1 10 8 1100 110 1100 110	i) Ja niy Sa niy Ja niy Ab ii)			
Principal Prace	e of Business	Mailing Address	•							
805 CHENEY HWY		805 CHENEY HWY TITUSVILLE FL 32780								
TITUSVILLE FL :	32/80	mostille re servo				DO N	OT WRITE IN THE	S SPACE		
						3. Date Incorporated or 01/27/1998	Qualifed			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ap	rlied For	
21		26	_			59-349	0156		t Applicable	Į.
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	5. Certificate of Status D	esired 🔲	\$8.75 A		į
22		27								ł
City & Stat	te	City & State				Election Campaign Fi Trust Fund Contributi		\$5.00 Added t		厂
Zip	Country	28 Zip	Cou	intry		8. This corporation owe:				
24	25	29	30			Personal Property Ta	x,	☐ Yes	JNo	l
	9. Name and Address of Curren: Registered Agent					10. Name and Address	of New Registered	Agent		ĺ
				81	Name -	OHN W. SH	EARER			l
	BER, DAVID		82			ess (P.O. Bo; Number is No	t Acceptable)			
1	S. HOPKINS AVE.8-4				473	35 Key De	ING EAS	7		1
i iii u	SVILLE FL 32780			83				· ·	· •	
				84	City	SVICIE	F	85 Zip (
44 Dumunt	to the provisions of Sections 607 (150" and 607 1508 Florida State	ites the a	bove-	named corpo	pration submits this statemen	nt for the purpose of	f changing its	egistered	ĺ
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obl	ate of Florida. Such change was	authorized	d by th	he corporatio	n's board of directors. I here	by accept the ap.x	intment as re	nistered	ł
,	am tamiliar with, and accept the ob-	igations of, oddition dericoso, t	51105 0121					_		ĺ
SIGNATURE	Signature, typed or printed name of registered		E Registered	Agent s	signature recured	when reinstating	DATE		20.01.40	6
12.		AND DIRECTORS DELETE	13.			ADDITI ONS/CHANGE	S TO OFFICERS A	NO DIRECTO ☐ Change	Addition	CR2F034 (11/98)
TITLE	DP DAVID	DECUELETE	1.1 TITLE 1.2 NAME							4
NAME	BOOBER, DAVID 3751 S. HOPKINS AVE.,B-4		1.3 STREE		100bess					ုင္ပ
STREET ADDR:SS	TITUSVILLE FL 32780			ITY-ST-	l					2
CITY-ST-ZIP TITLE	DVP	☐ DELETE	2117					Change	Addition	C
NAME	SHEARER, JOHN W		2 2 NAME							ĺ
STREET ADDRESS	ATAC MEN DO E		2.3 STRE		NODRESS					ı
CITY-ST-ZIP	TITUSVILLE FL 32780		2,40	CITY-ST-	-ZiP					١.
TITLE	DST	☐ DELETE	3.1 TI	ITLE				Change	Addition	
NAME	SHEARER, EDWARD		3.2 N		}					Ì
STREET ADDRESS					ADDRESS					Î
CITY-ST-ZIP	TITUSVILLE FL 32780	☐ DELETE	3.4. C	UTY-ST	· ZP			Change	Addition	1
TITLE		Corcer	4.1 II				•	_ ,		ľ
NAME PROCES ADDREEDS					ADDRESS					i
STREET ADDRESS	1		1	TY-ST-	ĺ					
TITLE		☐ DELETE	5117					Change	Addition	1
NAME			52 N	AME						
STREET ADDFESS			535	TREETA	ADDRESS					
CITY-ST-ZIP				ภษ-รา-	292				- Additor	1
TITLE		☐ DELETE	6.1 ∏					Change	☐ Addibon	1
NAME			62 N)
STREET ADDF ESS			6.3 5	IREETA	ODRESS					

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(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 am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 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. CITY-ST-ZIP

A. Sharan STYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR SIGNATURE: SIGNATURE AND

407-268-3535