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

DOCUMENT # P98000010145

1. Corporation Name

OUTRIDER III INVESTMENTS INC

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90193 050 ***150.00

00111102	III III IIVEO IIII III III III III III III III III									
Principal Place of Business Mailing Address									0)) 00(0) 1/6//	
201 SOUTH ORANGE AVENUE SUITE 105 101 EAST CENTRAL BLVD										
ORLANDO FL 32801 ORLANDO FL 32801								DO NOT WRITE IN THIS :	CDACE	
								3. Date Incorporated or Qualifed	SPACE	
								02/02/1998		
9 Dringing D	less of Pusings	2a Maili	na Address					4. FEI Number		plied For
— ·	lace of Business		2a. Mailing Address					59-349 1518		t Applicable
21 Suite, Apt. :	# etc		Suite, Apt. #, etc.						\$8.75	
—	π, σ ιο.	<u> </u>	27					5. Certifcate of Status Desired	Fee Re	1
22 27 27 City & State			City & State					6. Election Campaign Financing	\$5.00	May Be
23	_	28	28					Trust Fund Contribution	Added t	
Zip	Country	Zip						8. This corporation owes the current year Intangible		
24	25	29		30				Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered	Agent					10. Name and Address of New Registered A	gent	
					81	Name	,			
	te, david h				82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
101 EAST CENTRAL BLVD					Silest Addi			33 (1.5. Box Hamber to Het Acceptable)		
ORLA	ANDO FL 32801									
					84	Cia.			85 Zip (Code
					04	City		FL	103 214	code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Su	ch change was au	ıthorized	d bv∶	the con	t corpo poration	ration submits this statement for the purpose of one of the purpose of one of directors. I hereby accept the appoint	thanging its tment as re	registered gistered
SIGNATURE								when reinstating) DATE		
	Signature, typed or printed name of registered age		·	Registered	l Ageni	t signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12
12.	OFFICERS AN	DIRECTOR	DELETE	1.1 TO	TI F		[ADDITIONS/OFFICES TO OFFICE ACT	Change	☐ Addition
TITLE	GREENE, LANNY L			1.2 N						_
NAME	LITE TANDES AND				1.3 STREET ADDRESS					
STREET ADDRESS	SANFORD FL 32741	וטאט			ITY-ST		1			
CITY-ST-ZIP TITLE	0		DELETE	2,1 T		1-ZIP	+-		Change	Addition
	_			2.2 N					_ ,	_
NAME	Foote, David H 121 North James Avenue				2.3 STREET ADDRESS				•	
STREET ADDRESS	ORLANDO FL 32801						Ί	•		- 1
CITY-ST-ZIP TITLE	UNLANDO I L SEGUI		DELETE	3.1 TI	ATY-S	1-25	+		Change	☐ Addition
NAME				3.2 N					_	}
STREET ADDRESS						ADDRES	<u>.</u>			
					XTY-S		[
CITY-ST-ZIP TITLE			☐ DELETE	4.1 T			+-		Change	Addition
NAME				4.21	AME					
STREET ADDRESS						ADDRES	5			
CITY-ST-ZIP					ITY-S1					
TITLE			☐ DELETE	5.1 T			+		Change	Addition
NAME				5.2 N						
STREET ADDRESS				5.3 S	TREET	ADDRES	s			J
CITY-ST-ZIP				5.4 C	ITY-S1	T-ZIP				
TITLE			☐ DELETE	6.1 T	TLE				Change	Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREET	ADDRES	3			
CITY-ST-ZIP				6.4 C	ITY-\$1	T-ZIP				Ì

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 of the

SIGNATURE:

407 246 8003