PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POROCOLO210

FILED Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90077 034 ***150.00

1. Corporation TRACY J	J. SUMNER, P.A.	•	• .			, •••			
						·		LI IMAN DANID ITADI	(# 0 /0 #0) # 00
Principal Place			ng Address						
1330 THOMASV Tallahassee '			thomasville RD Ahassee FL 32303						
TALLAMASSEE	FL 32303	INCL	THOUGH IL GEOOD				DO NOT WRITE IN THE	S SPACE	
							3. Date Incorporated or Qualifed 02/02/1998		
2. Principal Pi	lace of Business	2a. M	lailing Address				4. FEI Number	Ар	plied For
al i		26					59-3492697	No	Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
City & State	B		ity, & State				-6,-Election Compaign Financing	\$5.00	May Be ====
23	,	28					Trust Fund Contribution	Added t	o Fees
Zip	Country	Z	ip	Co	untry		8. This corporation owes the current year I		اسم
24	25	29		30			Personal Property Tax.	☐ Yes	<u>1</u> 2₩6
	9. Name and Address of	Current Register	red Agent		1		10. Name and Address of New Registered	d Agent	
CINA	NED TOACY I				81	Name	•		
	NER, TRACY J				82	Street Add	iress (P.O. Box Number is Not Acceptable)		
) THOMASVILLE RD AHASSEE FL 32303								
IALL	AMASSEE FL 32303				83				
					84	City		85 Zip C	ode
					11		F	L 1551 1	i
44 5	the state of Cartina Cartina	07.0507.054.507	1500 Clerida Stab	utan tha f	above 4	camed cor	noration submits this statement for the numose (of changing its	registered
office or n agent. I ar	to the provisions of Sections 6 agistered agent, or both, in the m familiar with, and accept the	507,0502 and 607 e State of Florida e obligations of, Sc	.1508, Florida Stat Such change was ection 607.0505, F	utes, the a authorize lorida Sta	above of the students.	named cor ne corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appe	of changing its	registered pistered
office or n agent. I as SIGNATURE	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of regis	e State of Florida e obligations of, S	Such change was ection 607.0505, F	authonze Iorida Sta	ed by th Itules.	те согрогат	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its ointment as re	
office or n agent. I as SIGNATURE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of regis OFFICE	e State of Florida. e obligations of, Some sered egent and title if an	Such change was ection 607,0505, F	authonze lorida Sta TE: Regutere	d Agent =	те согрогат	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the second contraction is the second contract of th	of changing its ointment as re-	
office or reagent. I all	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single of States of Spending and title if accepted appending title if accepted appending title if accepted appending title if accepted appending to the obligation of the	Such change was ection 607.0505, F	authonze lorida Sta TE: Regutere	d Agent =	те согрогат	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its ointment as re	
office or n agent. I as	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single of States of Spending and title if accepted appending title if accepted appending title if accepted appending title if accepted appending to the obligation of the	Such change was ection 607.0505, F	authonze lorida Stal TE: Registere 13.	d Agent =	те согрогат	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its ointment as re-	
office or reagent. I as SIGNATURE 12. TITLE NAME	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607.0505, F	authorize lorida Stati TE: Registre 13. 1.1.T	ed by the state of Agent =	algnature requir	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its ointment as re-	
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of regis OFFICE	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stal TE: Registere 13. 1.11 1.2 N 1.3 S 1.4 G	NAME	ne corporati	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as republic to the continuent as republ	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607.0505, F	authorize lorida Stal FE: Require 13. 1.1 T 1.2 N 1.3 S 1.4 C	A Agent =	ne corporati	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its ointment as re-	RS IN 12
office or reagent. I as SIGNATURE 12. TIME NAME STREET ADDRESS CITY. ST. ZP TIME	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stal FE: Require 13. 1.1 T 1.2 N 1.3 S 1.4 C	NAME	ne corporati	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as republic to the continuent as republ	RS IN 12
Office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZP TITLE NAME	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stal FE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	A Agent =	ignature requir	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as republic to the continuent as republ	RS IN 12
Office or reagent I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stal 13. 1.17 1.2 N 1.3 5 1.4 C 2.1 7 2.2 N 2.3 5 2.4 4	Ad Agent = Ad Agent = Add Age	ODRESS	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required to the continuent as required to the change and the change are change.	RS IN 12 Addition
Office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZP TITLE NAME STREET ADDRESS CITY. ST. ZP CITY. ST. ZP	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stal 13. 1.1T 12.N 1.3.5 1.4.0 2.1T 2.2.N 2.3.5 2.44 3.1.T	INTLE NAME STREET AL CITY-ST-2 TILE NAME STREET AL CITY-ST-1 TILE	ODRESS	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as republic to the continuent as republ	RS IN 12
Office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZP TITLE NAME STREET ADDRESS CITY. ST. ZP TITLE	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stal 13. 1.1T 1.2N 1.35 1.4C 2.1T 2.2N 2.3S 2.4C 3.1T 3.2N	AND STREET	ODRESS ZIP	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required to the continuent as required to the change and the change are change.	RS IN 12 Addition
Office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZP TITLE NAME STREET ADDRESS CITY. ST. ZP TITLE NAME NAME	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stal 13. 1.1T 1.2N 1.35 1.4C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N	A Agent =	ODRESS ZP DORESS ZP	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required to the continuent as required to the change and the change are change.	RS IN 12 Addition
Office of reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP CITY. ST. ZIP CITY. ST. ZIP CITY. ST. ZIP	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stal 13. 1.1T 12.N 1.35 1.40 2.1T 2.2N 2.35 2.40 3.1 T 3.2 N 3.3 S	AND	ODRESS ZP DORESS ZP	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required to the continuent as required to the change Change	RS IN 12 Addition Addition
Office or reagent I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stal 13. 1.1T 1.2N 1.35 1.4C 2.1T 2.2N 2.3S 2.4(3.1T 3.2N 3.3S	INTLE NAME STREET A CITY-ST- TITLE	ODRESS ZP DORESS ZP	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required to the continuent as required to the change and the change are change.	RS IN 12 Addition
Office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stal 13. 1.1T 1.2N 1.35 1.4C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.4.6 4.1T	IN Agent and Age	OORESS ZP OORESS ZP OORESS ZP	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required to the continuent as required to the change Change	RS IN 12 Addition Addition
Office or reagent I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME NAME NAME NAME	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single- Bened agent and title if ac ERS AND DIRECT	Such change was ection 607,0505, F	authorize lorida Stai TE: Require 13. 1.1T 1.2N 1.35 1.4C 2.1T 2.2N 2.3S 2.41 3.1T 3.4.C 4.1T 4.22 4.35	INDICATE OF THE PROPERTY OF TH	ODRESS ZP DORESS ZP DORESS ZP	poration submits this statement for the purpose of the polysis board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required to the continuent as required to the change Change	RS IN 12 Addition Addition
Office of reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZIP	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single of States of Spending and title if accepted appending title if accepted appending title if accepted appending title if accepted appending to the obligation of the	Such change was ection 607.0505, F	authorize lorida Stal 13. 1.1T 1.2N 1.35 1.4C 2.1T 2.2N 2.3S 2.4(3.1T 3.2N 3.4.C 4.1T 4.3S 4.4C	IN A AGENT OF THE	ODRESS ZP DORESS ZP DORESS ZP	poration submits this statement for the purpose of the constraint of the portion's board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required in the change Change	RS IN 12 Addition Addition Addition
Office of reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZIP	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single of States of Spending and title if accepted appending title if accepted appending title if accepted appending title if accepted appending to the obligation of the	Such change was ection 607,0505, F	authorize 13. 13. 13. 13. 14. 13. 14. 13. 14.	IN A AGAIN	ODRESS ZP DORESS ZP DORESS ZP	poration submits this statement for the purpose of the constraint of the portion's board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required to the continuent as required to the change Change	RS IN 12 Addition Addition
Office of reagent. I as agent. I as agent. I as signature. 12. Title name street address city. St. ZP title name	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single of States of Spending and title if accepted appending title if accepted appending title if accepted appending title if accepted appending to the obligation of the	Such change was ection 607.0505, F	authorize 13. 13. 13. 13. 14. 13. 14. 13. 14. 14. 14. 15. 14. 15. 14. 15. 14. 15. 14. 15. 15. 16.	IN A AGAIN IN THE STREET A AGAIN STR	ODRESS ZIP DORESS ZIP DORESS ZIP	poration submits this statement for the purpose of the constraint of the portion's board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required in the change Change	RS IN 12 Addition Addition Addition
Office of reagent I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single of States of Spending and title if accepted appending title if accepted appending title if accepted appending title if accepted appending to the obligation of the	Such change was ection 607.0505, F	authorize horida Stai 13.	IN A AGAIN IN THE STREET A AGAIN STR	ODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	poration submits this statement for the purpose of the constraint of the portion's board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required in the change Change	RS IN 12 Addition Addition Addition
Office of reagent 1 at 1 agent 1 at 1	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single of States of Spending and title if accepted appending title if accepted appending title if accepted appending title if accepted appending to the obligation of the	Such change was ection 607.0505, F	authorize 13. 13. 13. 13. 14. 13. 14. 13. 14.	IN JUNE STREET AND STR	ODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	poration submits this statement for the purpose of the constraint of the portion's board of directors. I hereby accept the approach when remetating) DATE	of changing its ointment as required to change Change	RS IN 12 Addition Addition Addition
Office of reagent I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single of States of Spending and title if accepted appending title if accepted appending title if accepted appending title if accepted appending to the obligation of the	Such change was ection 607.0505, F	authorize 13. 13. 13. 13. 14. 13. 14. 13. 14.	IN JOHN STREET AND STR	ODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	poration submits this statement for the purpose of the constraint of the portion's board of directors. I hereby accept the approach when remetating) DATE	of changing its continuent as required in the change Change	RS IN 12 Addition Addition Addition
Office of reagent 1 at 18 at 1	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single of States of Spending and title if accepted appending title if accepted appending title if accepted appending title if accepted appending to the obligation of the	Such change was ection 607.0505, F	authorize horida Stal 13. 13. 13. 13. 14. 13. 14. 21. 22. 24. 31. 32. 34. 41. 42. 43. 44. 51. 52. 52. 54. 65. 66. 66. 67. 62. 66. 66. 67. 62. 66	IN JOHN STREET AND STR	ODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	poration submits this statement for the purpose of the constraint of the portion's board of directors. I hereby accept the approach when remetating) DATE	of changing its ointment as required to change Change	RS IN 12 Addition Addition Addition
Office of reagent 1 at 18 at 1	egisterred agent, or both, in the marmiliar with, and accept the Signature, typed or printed name of register. OFFICE Presides	e State of Florida. The obligations of, Single of States of Spending and title if accepted appending title if accepted appending title if accepted appending title if accepted appending to the obligation of the	Such change was ection 607.0505, F	authorize (bridge Start	IN JOHN STREET AND STR	ODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	poration submits this statement for the purpose of the constraint of the portion's board of directors. I hereby accept the approach when remetating) DATE	of changing its ointment as required to change Change	RS IN 12 Addition Addition Addition

officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

\sim	~		ιTl		·
•		чд		11	

NATURE AND TYPED OR PRINTED PARTY OF	Janus 1	Tracy J.	Summer
NATURE AND TYPED OR PUNTED LAME OF	SIGNING OFFICER OR DIRECTOR	7-	