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Mailing Address

206 COMBS MANOR

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000011737

Principal Place of Business 206 COMBS MANOR

CITY-ST-ZIP

JOHNNY L. FLORENCE & ASSOCIATES, INC.

FORT WALTON BEACH FL 32548		FORT WALTON BEACH FL 32548				DO NOT WRITE IN THIS SPACE			
					I	corporated or Qualife	ed		
2. Principa Pla	ace of Business	2a. Mailing Address			4. FELNL	mber 1010	arx		clied For
21		26			4-1318	950		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifo	ate of Status Desired		\$8.75 A Fee Red		
City & S ate		City & State		6. Electio	n Campaign Financin		\$5.00	·	
23		28	28		Trust F	und Contribution		Added to	
Zip	Country	Zip	p Country			rporation owes the c	arrent year int	tangible	.a.
24	25	29	30			Persor al Property Tax. Yes 10. Name and Address of New Registers d Agent			
	9. Name and Address of Curren	t Registered Agent			10. Name	and Address of Nev	/ Registere o	Agent	
E1 0E	MENOE IOUNNY I		['	Name					İ
	RENCE, JOHNNY L		82 Street A		Acdress (P.O. Box	Number is Not Acce	ptable)		
	COMBS MANOR		Ţ						
FOR	WALTON BEACH FL 32548			В3					
				B4 City			FL	85 Zip C	ode
office crre agent. I an	o the provisions of Sections 607.050 gistered agent, or both, in the State in familiar with, and accept the obligations of the state of the obligation of the state of the obligation of the state of th	of Florida. Such change was tions of, Section 607.0505, f	s authorized Florida Statut	by the corp es.	orntion's board of	Illrectors. Thereby acc	DATE	intment as reg	jistered
12.		i) DIRECTORS	13.	<u> </u>		ONS/CHANGES TO	OFFICERS AT	ND DIRECTO	RS IN 12
TITLE	D	DELETE	1,3 TITU	.E	Τ	·		☐ Change	Addition
NAME	FLORENCE, JOHNNY L		1,2 NAA	Æ					
STREET ADDRESS	206 COMBS MANOR		13 STE	EET ADDRESS					
CITY-ST-ZIP	FORT WALTON BEACH FL 325	348		/- ST-ZIP					[
TITLE	TOTAL WALLOW DESCRIPTE GET	☐ DELETE	2.1 TIT					☐ Change	Addition
NAME			2.2 NAM	Æ					
STREET ADDRESS			2.3 STF	EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE	The same of the sa	DELETE						☐ Change	Addition
NAME			3.2 NAM	Æ					
STREET ADDRESS			3 3 STF	EET ADDRESS					
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITU					☐ Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REET ADDRESS					
CITY-ST-ZIP			1	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TITE					☐ Change	☐ Addition
NAME			5.2 NA	ΛE					
STREET ADDRESS			5.3 STF	REET ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP					
TITLE		DELETE	6.1 TITI	.E				☐ Change	Addition
NAME			6.2 NA	Æ					
CYDEET ADODS CO.			6.3 STF	REET ADDRESS					

6.4 CITY-ST-ZIP

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 signal are shall have it e 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 the my name appears in Block 12 or Block 13 if changes on an attachment with any address, with all other like empowered. SIGNATURE