| | AFTER | MAY 1ST IS | | | Feb 2 | | /ED 99 8 | 8:00 a | an |
|--|--|---|---|--|--|----------------------------------|-------------------------------|---|-----------------|
| | | FLORIDA DEPAR Katherin | TMENT OF STATE | | Secr | etar | vof | State | P |
| ANNUAL REPORT | | Secretary | | | | -1999 900: | • | | |
| 1999 🤻 | | DIVISION OF C | ORPORATIONS | | 02-21 | -1999 900. | 30 009 - | 138.73 | |
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| OCUMENT # P980 | 00012 | 363 | | | | | | | |
| spirit lake properties, in | С. | | | | | | | | |
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| ncipal Piace of Business | Mailin | ig Address | | | HANNAN IN DIAN INTA ANA | A BANA BANK BARB | H aid (Hill (Hi | R OLEON ANA AND | |
| 4 S SPIRIT LAKE ROAD | | S SPIRIT LAKE ROAD | | Ì | • | | | | |
| iter haven fl 33660 | WINTE | 'r haven fl 33880 | | ļ | DO NOT V | RITE IN THIS | SPACE | | |
| | | | | | Incorporated or Quali | ed | | |] |
| Principal Place of Business | 2a. Ma | ailing Address | | 4. FELN | 6/1998 | | | pplied For | + |
| | 26 | | | 59 | 7- 3498 | 462 | | lot Applicable | 1 |
| Suite, Apl. #, etc. |) | lite, Apt. #, etc. | | 5. Certif | cate of Status Desired | × | • | Additional | |
| City & State | 27] | ity & State | <u>_</u> | | on Campaign Financi | | \$5.00 | Мау Ве | 1 |
| | 28 | | Country | | Fund Contribution | | | to Fees | - |
| Zip Country | Zr | | 30 | Perso | corporation owes the to nat Property Tax. | | 2 Yes | No | |
| 9. Name and Address of | | ed Agent | 81 Name | 10. Nami | and Address of Ne | w Registared | Agent | | - |
| TRIPP, JOSEPH | | | | | | | | | 4 |
| 5004 S SPIRIT LAKE ROAD | | | 82 Street | Address (P.U. Bo | x Number is Not Acc | | | | |
| WINTER HAVEN FL 33880 | | | 83 | | | | | | |
| | | | 84 City | | | FL | 85 Zip | Code | |
| Dumunt to the province of Cast and | | | | | | | - <u> </u> | | - |
| - Pursuant to the provisions of Sections b | 07.0502 and 607. | 1508, Florida Statute: | s, the above-named | corporation subm | its this statement for | the purpose of cent the annot | changing it intment as r | s registered existered | |
| Pursuant to the provisions of Sections 6 office or regionered agent, or both, in the agent, I aprilamitar with, and accept the | State of Florida. Se obligations of, Se | | s, the above-named thorized by the corp da Statutes. | corporation subm oration's board of | ils this statement for directors. I hereby ac | the purpose of cept the appoi | changing its intment as ri | s registered egistered | |
| | 700 -> | Joseph, | Registered Agent signature | mourned when revocating | | DATE | (f8f) | <i>7</i> 7 | (9) |
| SNATURE Signature, typed or primit name of regard | 700 -> | JOSEA Incatile (NOTE, F | Registered Agent eigneture (13. | mourned when revocating | | DATE | | ORS IN 12 | 11/98) |
| SNATURE Signature. Hyped or primited name of regasion OFFICE E. President | RS AND DIRECTO | | Registered Agent signature | mourned when revocating | | DATE | (f8f) | <i>7</i> 7 | 34 (11/98) |
| SNATURE Signature. Hyped or primits name of regard OFFICE E. President Me Joseph E. | RS AND DIRECTO | | Registered Agent tignature 1 13. 1.1 TTLE | mourned when revocating | | DATE | | ORS IN 12 | 2E034 (11/98) |
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